

America’s Health Rankings as Policy Stimulus

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Agenda

- Overview of America’s Health Rankings
- Rankings challenges
- Examples of how four states use the Rankings to drive initiatives to improve health
- Summary assessment of the value of the Rankings

What are “America’s Health Rankings?”

- Annual rankings of the **HEALTH** of the 50 US States
- Primary audiences are:
 - the general public
 - state and community health policy leaders
- Sponsored by the United Health Foundation in partnership with APHA and the Partnership for Prevention
- 2009 Rankings to be released Nov. 17
www.americashealthrankings.org

Goals of the Rankings

- **To improve the health of the nation** by providing information that supports positive change in population and individual health status & outcomes
- Maintain the spirit, philosophy, tone and direction of previous editions of the Rankings—CONTINUITY
- The annual release of rankings includes
 - **Profile** of each state’s strengths and challenges
 - Discussion of **National Trends**
 - Written **Commentaries** from public health leaders

Rankings, Past and Present

- Originated by Northwestern National Life insurance company in 1990
- Acquired and updated by United Health Foundation in 1999
- Methodology and components of rankings have evolved over past 20 years
 - Addition of new measures to the index
 - Greater focus on risk factors over outcomes

Rankings, Past and Present (con’t)

- Scientific Advisory Committee established in 2002
 - Chaired by Dr. Thomas Ricketts at UNC-Chapel Hill
 - Membership includes 15-20 public health experts from government and academia
 - Meets annually in the spring
- Committee is charged with
 - Reviewing and recommending enhancements to data and methodology
 - Identifying new applications for the Rankings to promote improvements in health
 - Stimulating discussion of public health improvement

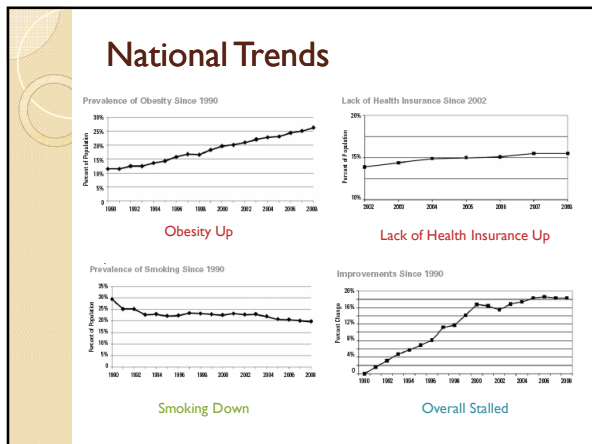
Conceptual Model

- Rankings are based on **health outcome measures** plus four groups of **health determinants**:
 - Personal behaviors
 - Community & environment
 - Public & health policies
 - Clinical care

Rankings Components (2008)

Determinants	Health Outcomes
Personal Behaviors	Poor Mental Health Days
Prevalence of Smoking	Poor Physical Health Days
Prevalence of Binge Drinking	Geographic Disparity (new in 2008)
Prevalence of Obesity	Infant Mortality
Community & Environment	Cardiovascular Deaths
High School Graduation	Cancer Deaths
Violent Crime	Premature Death
Occupational Fatalities	
Infectious Diseases	
Children in Poverty	
Air Pollution (new in 2008)	
Public & Health Policies	
Lack of Health Insurance	
Public Health Funding	
Immunization Coverage	
Clinical Care	
Adequacy of Prenatal Care	
Primary Care Physicians	
Preventable Hospitalizations	

- ### Top and Bottom States (2008)
- | | |
|------------------|--------------------|
| 1. Vermont | 46. Texas |
| 2. Hawaii | 47. Tennessee |
| 3. New Hampshire | 48. South Carolina |
| 4. Minnesota | 49. Mississippi |
| 5. Utah | 50. Louisiana |



- ### Challenges to the Rankings
- Filling gaps in components of the Rankings
 - Air quality
 - Geographic disparity
 - Appropriate measure of regulatory activity
 - Low variation across states
 - Occupational fatalities
 - Balancing role of personal responsibility vs. policy issues
 - Category of measures called “personal behavior” (smoking, drinking, obesity) now “behavior”
 - Determinants vs. outcomes
 - **Turning Rankings into action**

Comparison to Commonwealth Fund Scorecard

America's Health Rankings (2008)	Commonwealth Fund State Scorecard (2009)
1. Vermont	1. Vermont
2. Hawaii	2. Hawaii
3. New Hampshire	3. Iowa
4. Minnesota	4. Minnesota
5. Utah	5. Maine
46. Texas	47. Nevada
47. Tennessee	48. Arkansas
48. South Carolina	49. Louisiana
49. Mississippi	50. Oklahoma
50. Louisiana	51.* Mississippi

*Commonwealth Scorecard ranks District of Columbia, for 51 total rankings.

States Are Using America’s Health Rankings to Drive Action on Health

For example....

North Carolina’s Prevention Task Force

- NC ranked 36th in 2008 and 2007; never in the top half
- Reflects poor indicators on variety of measures, including obesity, smoking, child poverty, infant mortality
- Concern about NC’s poor health indicators led to founding of multi-stakeholder “Prevention Task Force” through state’s Institute of Medicine

North Carolina (con’t)

- “Prevention Action Plan” released in October 2009 after 18 months of work
 - Available at www.nciom.org
- Identifies evidence-based strategies for improving health of North Carolinians and outlines activities for all stakeholders
- Lays the groundwork for implementing and tracking the results of these interventions
- Will be coordinated effort with state Healthy 2020 goals
- State General Assembly has responded with program to reduce youth smoking

Washington’s “Healthiest State in the Nation” Campaign

- Launched program in 2004 to become “healthiest state in the nation”
- Combination of policy work, grant making, direct services, media outreach
- “Largest civic engagement project for health in Washington state history”
- Ranking rose from 14th in 2004 to 10th in 2008
- Inspiration for NC and other states
- WA produces own health report card originally based on America’s Health Rankings measures

MaineHealth Health Index

- MaineHealth is nonprofit vertically integrated health system covering ¾ of Maine’s population
- Beginning in 2008, have been using America’s Health Rankings framework to develop MaineHealth Health Index
 - Guide investments in clinical care and community health
 - Track improvements in population health in the region served by the system
- Aims to better align medical care and public health systems

Maine Index Process

- Prioritized certain indicators
 - Tobacco, obesity, child immunizations, cancer, preventable hospitalizations
- Developed logic models to define intermediate outcomes linked to long-term improvement in these measures
- Next: evaluate existing initiatives and resources, identify new strategies, allocate funding
- Rankings helped MaineHealth staff “make the case” for attention to population health



Wisconsin MATCH and County Health Rankings

- Wisconsin has ranked health of its counties since 2003
- Received grant from RWJF to do the same for all 50 states
 - “Mobilizing Action Toward Community Health” (MATCH) Project
 - First national county-level rankings report expected in early 2010
- State rankings are being reexamined for best alignment of data and methodology with county rankings



Wisconsin MATCH

- Counties ranked separately on health outcomes (current health) and health determinants (future health)
- Goals
 - Increase awareness of the multiple determinants of health
 - Promote multi-sectoral partnerships to improve health
 - Develop incentive models to reward evidence-based interventions
- <http://uwphi.pophealth.wisc.edu/>



Takeaways

- Rankings **start conversations** about public health, **increase awareness** of determinants of health, **provide framework** to measure improvement in health measures
- Rankings have stimulated a variety of state approaches using their existing public health structures
 - Common threads: involvement of multiple stakeholders, evidence-based strategies, and accountability

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www.americashealthrankings.org