

# PREVENTING CHRONIC DISEASE

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ORIGINAL RESEARCH: FEATURED ABSTRACT FROM THE  
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### Measuring Population Health Disparities: The *Wisconsin County Health Rankings*

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PEER REVIEWED

#### **Track: Methods and Surveillance**

The purpose of this project was to rank the population health of counties in Wisconsin to promote use of local population health information, identify disparities between counties, encourage population health improvement, and broaden the understanding of the determinants of health.

The Wisconsin Public Health and Health Policy Institute, with assistance from state government, community, and university groups, annually compiles county data and produces the *Wisconsin County Health Rankings* report.

This project is modeled after the United Health Foundation's annual *America's Health: State Health Rankings* and is based on a population health model in which a variety of determinants impact health outcomes. Mortality years of potential life lost (YPLL) and self-reported health status are used to develop a summary measure of county health outcomes. A summary measure of health determinants is developed using 18 measures in four (weighted) categories: health care (10%), health behaviors (40%), socioeconomic factors (40%), and physical environment (10%). Data sources include the Centers for Disease Control and Prevention, the U.S. Census,

state vital statistics, and the Wisconsin Department of Health and Family Services. A draft report was developed and shared with local public health officials in late 2003. The report was revised on the basis of feedback, and *Wisconsin County Health Rankings, 2003* was released to the public in January 2004. A survey assessing the usefulness of the rankings was sent to all county health officers following its release.

Significant disparities exist in the health outcomes and determinants of Wisconsin counties. We used Pearson product moment correlation and found that, overall, the summary determinant and summary outcome ranks were well correlated ( $r = 0.75$ ). Compared with the healthiest counties (e.g., Ozaukee), the least healthy counties (e.g., Menominee) showed greater improvement in health over time. Of the county health officers participating in the survey of the rankings (N = 68, 94% response rate), 82% reported that the rankings were useful to their work, and 69% planned to use the rankings in their communities. Suggestions received through this survey and other more informal feedback will be incorporated into the 2004 rankings, such as the expansion and improvement of the environmental health components and the inclusion of additional local survey data.

The *Wisconsin County Health Rankings* provides a valuable vehicle for delivering and discussing county-level health information and for engaging stakeholders in the discussion of approaches for reducing observed disparities. This report will continue to be produced annually with special attention given to improving population health measures and its use in community health improvement efforts.

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