



County Health
Rankings & Roadmaps

2024 National Findings Report

Creating Thriving Communities Through Civic Participation



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

Introduction

County Health Rankings & Roadmaps (CHR&R) offers data, strategies and tools to illustrate what impacts health. Our work highlights how the power to make change through policies, practices and resource allocation can shape community conditions so that everyone thrives.

All people have the right to live long and well. People who encounter barriers to health and have ideas to improve health have the right to raise the issue, engage with their community and expect action to be taken.

This year, we continue to focus on the connection between civic participation and health, called civic health. Evidence shows that participating in our communities, whether through volunteering or joining neighborhood groups, strengthens our social connections and sense of belonging which in turn, benefits our physical and mental health. Civic participation in political or electoral processes through voting or organizing can also influence policies that create opportunities for health, including safe spaces to live and work and funding for public health initiatives.

This report highlights the importance of civic infrastructure, spaces to connect and be informed, with a focus on access to local news, broadband internet and public libraries. We call attention to structural barriers like policies, laws and practices that can create obstacles to forms of participation such as voting and worker unionizing.

Key takeaways:

1. The healthiest counties, where people live long and well, have well-resourced civic infrastructure, including a more accessible information environment (local news outlets, broadband access and public libraries), compared to counties among the least healthy. Counties with well-resourced civic infrastructure and accessible information environments also offer more social and economic opportunity for good health. In these counties people have higher rates of participation, such as voting or union membership, and people tend to live longer.
2. Civic infrastructure, including accessibility of the information environment, is under-resourced among counties along the U.S.-Mexico Border, within the Black Belt Region and Appalachia and surrounding American Indian/Alaska Native tribal areas. These regions of our country bear a legacy burden of various forms of disinvestment and structural racism. This means less access to civic spaces to connect, engage in public issues and solve problems that harm everyone's health.
3. Regions of our country that erect or reinforce structural barriers to civic health — or discriminatory policies and practices, such as laws that create obstacles to voting — limit participation in civic life. These structural barriers are more common in regions with specific histories of structural racism and disinvestment. Rates of voter turnout and union membership are lower among counties here compared to other regions. And, life expectancy is, on average, more than three years shorter in counties with more structural barriers compared to those with fewer barriers (74.1 years vs. 77.6 years, respectively). These findings illustrate that everyone's health is implicated when we exclude people and communities from participating.

This report is a call to action for leaders and community members to take these national findings, dig into local data to better understand the health of your own community and implement strategies to create communities where everyone can thrive. Throughout the report you will find references to specific local data resources, evidence-informed strategies and tools to support action. Find out more about civic health at www.countyhealthrankings.org/2024-national-findings-report.

People and places thrive when everyone can participate

Civic health reflects the opportunities people have to participate in their communities. It welcomes everyone's voice to set priorities, make decisions and share resources. Civic health begins with our local communities and is the cornerstone of our democracy, embodying hope, opportunity, belonging and shared responsibility.

We look at two elements of civic health

- **Civic infrastructure** provides us with spaces to meet, make our voices heard, engage in cultural activities and assure belonging. How we cultivate these spaces is also a part of infrastructure. This requires intentional policies and practices to create and cultivate environments where everyone can exchange ideas and solve problems together.
- **Civic participation** includes the ways people engage in community life to improve conditions, whether through voting, advocacy, volunteering, mentoring or participating in unions so that their work can meet their basic needs. Supporting ways to participate is foundational to building healthy, thriving and equitable communities.

Civic infrastructure supports connection within communities and makes civic participation possible. Civic infrastructure encompasses places such as libraries, parks and schools and access to information needed for individual and group decision-making.

Despite the strong links between civic participation and our health, disinvestment in or deliberate exclusion from our civic infrastructure means that not everyone can participate. Structural barriers such as policies, laws and practices can create obstacles to forms of participation such as voting and worker unionizing. Structural barriers, such as limited infrastructure to support public deliberations, can also be obstacles to authentic community input into decisions.

Investing in an accessible and high-quality information environment can foster inclusive and informed participation in our communities, a critical component of a healthy democracy. Creating spaces where everyone has a voice supports conditions where everyone can thrive. On the other hand, exclusionary practices, such as laws and practices that limit voting and organized labor, can be detrimental to health.¹



¹ See the suggested reading list for select research studies relevant to this report. Visit [countyhealthrankings.org/2024-national-findings-report](https://www.countyhealthrankings.org/2024-national-findings-report).



People and places thrive when everyone can participate

Civic health starts with our local communities and is the cornerstone of our democracy.



Building power to break down structural barriers for everyone’s health and well-being

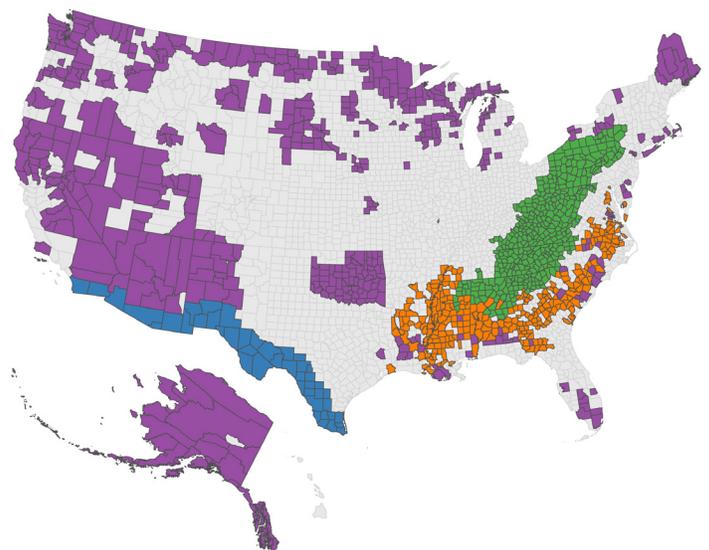
Healthy communities depend on a culture where all people have the power to make change and a say in the decisions that affect them.

But not all U.S. communities have the same opportunities for civic health. Many groups, including women, immigrants, LGBTQIA+ people and racialized groups such as Native people, Black and Hispanic populations experience the impacts of a history of disinvestment in civic infrastructure. They have also faced exclusionary policies and practices that limit opportunities to participate through a variety of means including restrictive voting laws. Redlining, disinvestment in rural economies and legal actions to terminate tribal culture and land rights are examples of long-standing discrimination that have created structural barriers to social and economic opportunity, civic participation and the potential to live long and well in these communities today (see map at right).

Despite this enduring history, change is possible. Structural barriers can be dismantled through voting, ballot initiatives, volunteering and union and community organizing. Civic participation that builds power to break down structural barriers can benefit the health and well-being of everyone.

We can advance health and equity when all people have a say in their futures. To provide these opportunities, we must undo policies, practices and worldviews that exclude people from participating in decisions about how to create healthy communities.

U.S. Regions with Types of Long-Standing Discrimination and Disinvestment



Regions with Types of Long-Standing Disinvestment



History shows that when marginalized groups build power, changes that result can benefit the health and well-being of all.

Union membership has shown the promise of uniting people with limited power to accomplish changes that benefit everyone. Labor unions were instrumental in ending child labor and decreasing occupational fatalities. A strong body of research shows that higher union membership rates are associated with increased wages for all workers and reduced income inequality over time.² Despite these benefits, unions are at risk. Policies such as the 1947 Taft Hartley Act and state Right-to-Work laws have restricted the power of unions and contributed to declines in union membership. These policies are often supported by corporations and their legislative allies.

² Leigh JP, Chakalov B. Labor unions and health: A literature review of pathways and outcomes in the workplace. Preventive Medicine Reports. 2011;24:101502. and U.S. Department of the Treasury (U.S. Treasury). Labor unions and the middle class. 2023.

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Broad access to accurate and timely information supports thriving communities and democracy

Democracy requires an informed public. The information environment is the space where people obtain information to make sense of the world. This includes digital and non-digital resources that shape information flow and the conditions for people to access, process and absorb information. The information environment involves things like access to broadband internet, local news and public libraries. The information environment requires structural protections, such as preservation of the First Amendment right to freedom of speech, a free and independent press, and protections against disinformation.

The quality and accessibility of the information environment matters because it is tied to our health and is crucial infrastructure for civic participation. Some people do not have access to the information, resources and services that support health, nor the ability to raise issues in their communities because they lack sufficient access to various types of information. The information environment is in transition, which presents opportunities and risks.

- **News media outlets** provide a first draft of history and serve as a watchdog that holds those in power, including public officials, accountable. People with access to local news vote

more and, in some communities, local news may be the only source for information about public decisions like budgets, planning and other deliberations. However, local newspapers are disappearing and large news outlets are laying off reporting staff. Nine out of 10 adults in the U.S. get at least some of their news online³ and many sites recycle their news from traditional news media – mostly from larger urban newspapers.

- **Broadband internet access** is uneven across the country. Pockets of rural, lower-income, marginalized and racialized communities have the least reliable access. This is due in part to disinvestment in rural economies and digital redlining, as described below. Broadband internet access enables people to seek job opportunities, education, online medical care and can also decrease loneliness and social isolation. Broadband internet access can support civic participation, as seen by the rise in virtual town halls where people can have their voices heard and learn about issues.



Many laws and policies that underlie current barriers to health have historical roots and are still contested today.

For example, the pattern of limited and unreliable access to broadband across some communities can be traced to redlining from the 1930s when the Federal Housing Administration created maps that reinforced segregation by rating the neighborhoods with Black and immigrant residents as risky real estate investments. This disinvestment continues today and has expanded to include digital redlining, which occurs when large network providers exclude lower-income neighborhoods and communities. Consequences for these disconnected communities, which are disproportionately made up of Black residents, impact the health and well-being of everyone living there.

³Liedke J, Wang L. News platform fact sheet. Washington, D.C.: Pew Research Center; 2023.

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- **Public libraries** are unevenly funded, particularly in rural and lower-income urban areas. In recent years, some public libraries have also faced defunding and attempts to censor library materials.⁴ Public libraries promote health by lending reading materials, providing access to broadband internet, offering classes and programming, connecting people to health and social services and serving as community hubs during disasters. Libraries are often sites for community meetings and voting.

Transitions within our information environment did not occur solely due to consumer preferences. These changes are structural in nature and often – though not always – serve to maintain current economic and political power through their implementation.

All these changes matter. The information environment is key to transmitting evidence-informed knowledge of issues relevant to health to the public via trusted messengers. It is also important in our understanding of the needs and opportunities in our communities. The information environment influences our actions, whether communications are about the importance of vaccinations or confidence in who we elect to make decisions on our behalf.

We all lose when we disinvest in civic spaces and information environments.

Some libraries in the U.S. experienced attempts to reduce staff and funding because they made certain materials available, thereby removing a vital public resource for all.⁵ In 2023, the American Library Association reported 695 attempts to censor library materials and challenges to almost 1,915 unique titles, which was a 20% increase from the same reporting period in 2022. Most of the challenges were to books written by or about a person of color or a member of the LGBTQIA+ community.⁶ Book banning as a form of censorship in the information environment has deep historical roots. In 18th and 19th century America, religious groups pushed to ban books they considered immoral. Many Southern states banned anti-slavery books.



⁴Smith T. Library funding becomes the 'nuclear option' as the battle over books escalates. National Public Radio (NPR). May 4, 2023.

⁵American Library Association. The state of America's libraries: Libraries adapt and innovate in the midst of record-breaking censorship challenges. 2023.

⁶American Library Association. Press release: American Library Association releases preliminary data on 2023 book challenges. 2023.

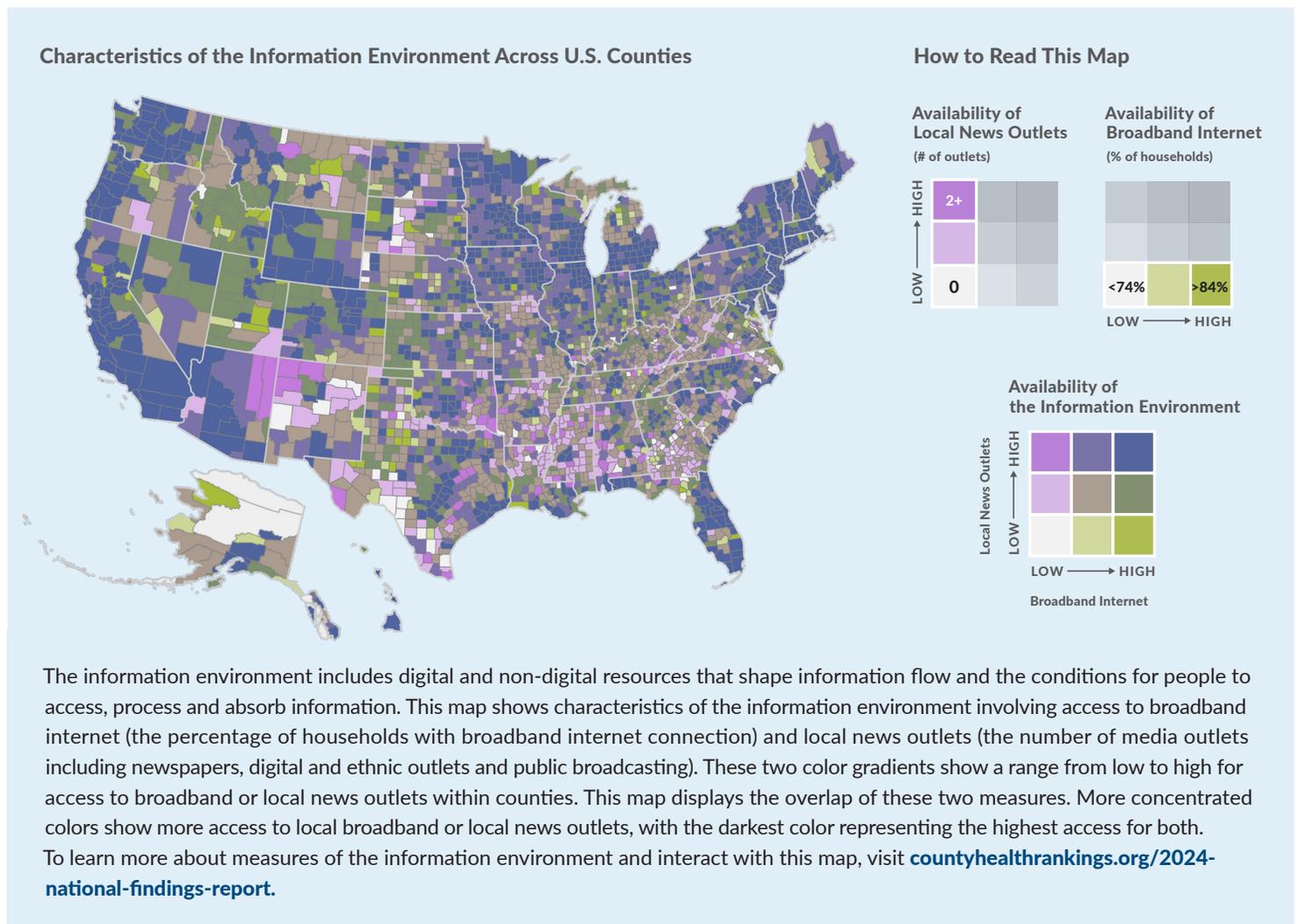
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A closer look

- Civic infrastructure varies across U.S. counties. The healthiest counties, as measured in length and quality of life, have well-resourced civic infrastructure, including a more accessible information environment (local news outlets, broadband access and public libraries), compared to counties among the least healthy.
- Counties with well-resourced civic infrastructure, including a more accessible information environment, also offer more social and economic opportunity for good health. This includes lower rates of children in poverty, less income inequality, and lower rates of uninsured adults, along with higher rates of high school completion and more adequately funded schools. Counties with well-resourced civic infrastructure also have higher rates of participation, such as voter turnout or union membership.
- The northeast and western regions of the U.S. have more accessible information environments, including more access to broadband internet and local news outlets. Counties in

the southern region have the least accessible information environments (see map, below). Regions with long-standing discrimination and disinvestment, such as the Black Belt, Appalachia, the U.S.-Mexico border and surrounding American Indian/Alaska Native tribal areas, also have less access to the information environment than counties outside of these regions. This means that people living in these regions have fewer opportunities to engage in civic life.

These findings reveal a familiar pattern: the conditions that support civic health can often be found in the same places and are often missing from other places. While correlation does not equal causation, these patterns are not coincidental. In the section that follows, we call attention to how opportunities that are either missing or present often reflect how people and groups who hold more power shape rules and how they are applied. These rules reproduce certain values and beliefs about how society should work and who should benefit or carry burdens.



Taking action

We have the power to create places where all people can participate. We can invest in inclusive public spaces that encourage participation and cultivate vibrant communities that enable people to connect with each other and access formal decision-makers. Examples of evidence-informed strategies include:

Broadband initiatives

Broadband initiatives expand high-speed internet access, affordability and internet use. Broadband provides opportunities to engage and connect with others and supports people's access to employment and quality health care.

Public libraries

Public libraries lend materials, offer gathering space and provide educational, civic and social programming for communities. Libraries can increase social capital, community involvement and improve access to health and social services.

Participatory budgeting

Participatory budgeting engages community members to determine how public budgets are spent. Broad involvement can improve neighborhood conditions and combat poverty, especially when everyone in the community has had the opportunity to participate and have a say over a substantial portion of the budget.

Public deliberations

Public deliberations are facilitated dialogues among people with diverse values and perspectives around a topic of public concern. Deliberations grounded in evidence can decrease polarization and increase civic participation.

Youth civics education

Youth civics education teaches K-12 students the knowledge and skills needed to participate in a democracy. Civics education can develop students' skills in reasoning and respectful discussion and may increase young people's civic participation, civic knowledge and voting rates.

Explore a curated list of evidence-informed strategies to improve civic health. Visit What Works for Health at [countyhealthrankings.org/whatworks](https://www.countyhealthrankings.org/whatworks).

Explore webinars, podcasts, blogs and reports to learn about civic health and ways to create communities where everyone can thrive. Tune in for conversations with experts from around the country on how the fields of public health and health care can improve civic health, youth civics education, participatory budgeting, building community power and more. To learn more, visit [countyhealthrankings.org/findings-and-insights](https://www.countyhealthrankings.org/findings-and-insights).



Breaking down structural barriers to health

Everyone's health is affected when we exclude people and communities from participating.

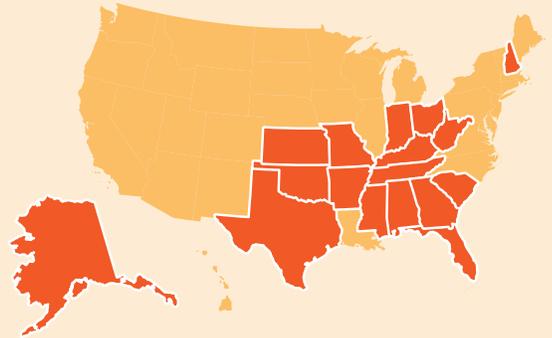
Policies and practices shape whether and how we participate in our communities. They can make it easier to participate, limit participation for everyone or systematically exclude some populations. Take voting and union membership, for example:

- Almost 67% of the voting-eligible population participated in the 2020 presidential election, the highest since 1900.⁷ In 2023, in response to increased participation, 14 states enacted laws making it harder to vote and 23 states passed laws making voting more accessible.⁸
- Labor organizing has its roots in creating working conditions for improved health. As a result of the expansion of Right-to-Work policies, decreased enforcement of labor laws and other factors, union membership has declined from 34% of the worker population in 1954 to about 10% today.⁹

A geographic pattern of barriers keeps people and communities from participating in the decisions that affect their lives. These barriers are structural in nature, meaning they are embedded in the rules of our society. Limiting people's opportunities worsens health outcomes.

Some states have more structural barriers to civic health.

Structural barriers are policies and practices that create or maintain unfair and unjust outcomes. Examples of structural barriers to civic health include gerrymandered districts, laws and practices that create obstacles to voting and disinvestment in civic infrastructure. The states highlighted below have more structural barriers in the form of a high Cost of Voting Index. See Glossary of terms; Technical notes for more information.



⁷Hartig H, Daniller A, Keeter S, Van Green T. Republican gains in 2022 midterms driven mostly by turnout advantage: An examination of the 2022 elections, based on validated voters. Washington, D.C.: Pew Research Center; 2023.

⁸Brennan Center for Justice, New York University School of Law. Voting laws roundup: 2023 in review. 2024.

⁹DeSilver D. American unions membership declines as public support fluctuates. Washington, D.C.: Pew Research Center; 2014.

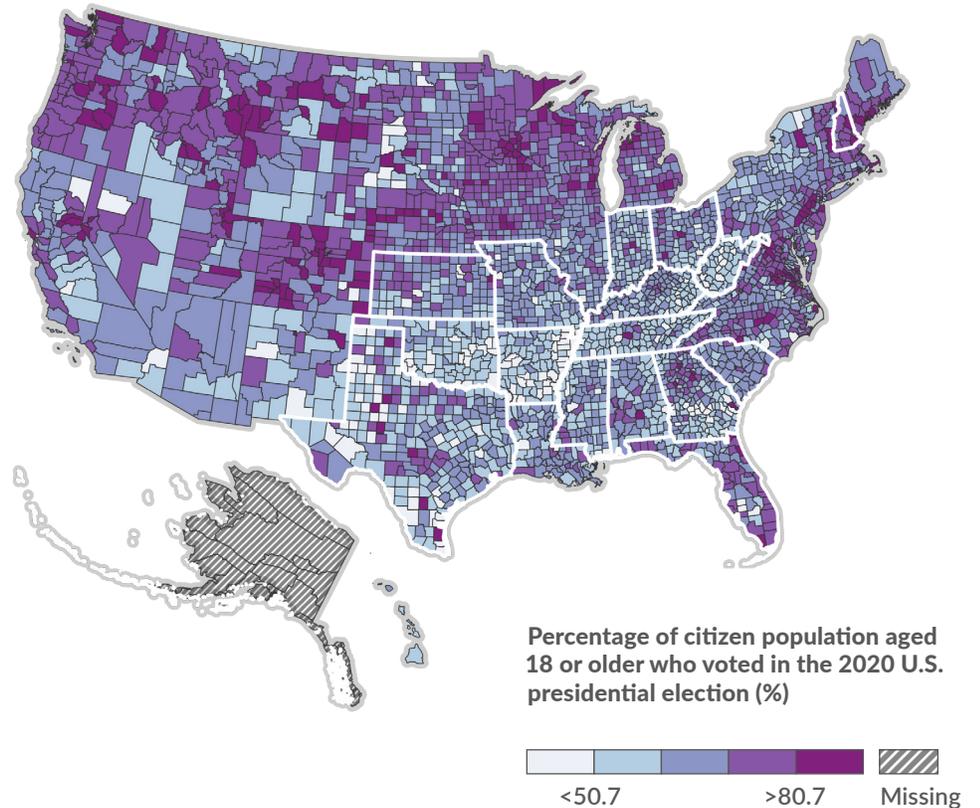
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A closer look

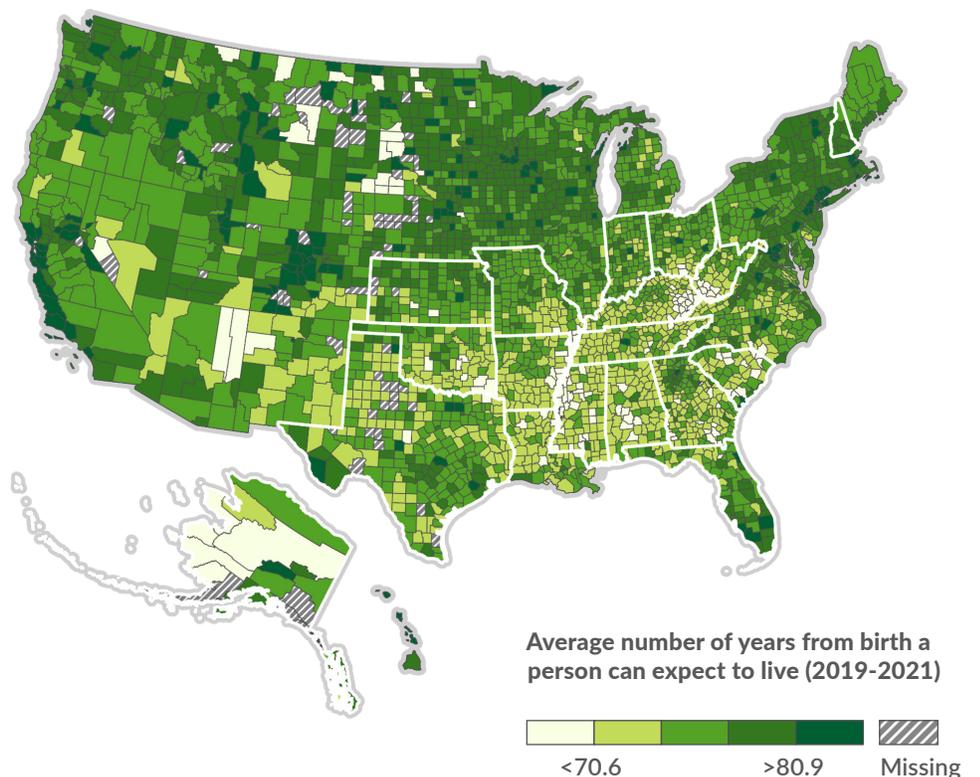
- Structural barriers to civic health, such as laws that make voting more difficult, limit participation in civic life. Counties within states and regions with more structural barriers to participation show signs of lower rates of voter turnout, census participation and union membership (see map, top right).
- Structural barriers to civic health are also associated with poorer social and economic environments and poorer overall health. In counties with more structural barriers to civic health, life expectancy from birth is, on average, more than three years shorter than in counties with fewer barriers (74.1 years vs. 77.6 years, respectively) (see map, bottom right).
- States with more accessible voting policies and higher voter turnout are linked to better quality of life and longer life expectancies.
- Structural barriers to civic health are more common in regions of our country with specific histories of structural racism and disinvestment, particularly in the South.

Explore how national and state findings on civic health are playing out in your community. Find your county snapshot (enter your county in the search box at [countyhealthrankings.org](https://www.countyhealthrankings.org)) and review your data.

Voter Turnout Across U.S. Counties and Among States with More Structural Barriers to Civic Health



Life Expectancy Across U.S. Counties and Among States with More Structural Barriers to Civic Health



Highlighted states have more structural barriers to civic health. Data source: National Center for Health Statistics - Mortality Files; MIT Election Data and Science Lab; 2020 Cost of Voting Index.

Taking action

We all play a role in nurturing civic health. Individual actions — calling your representative to advocate for a policy, helping your neighbor register to vote, hosting a community event at a library — can lead to broader community change. Collective action can have an even greater impact in advancing civic health.

Labor unions

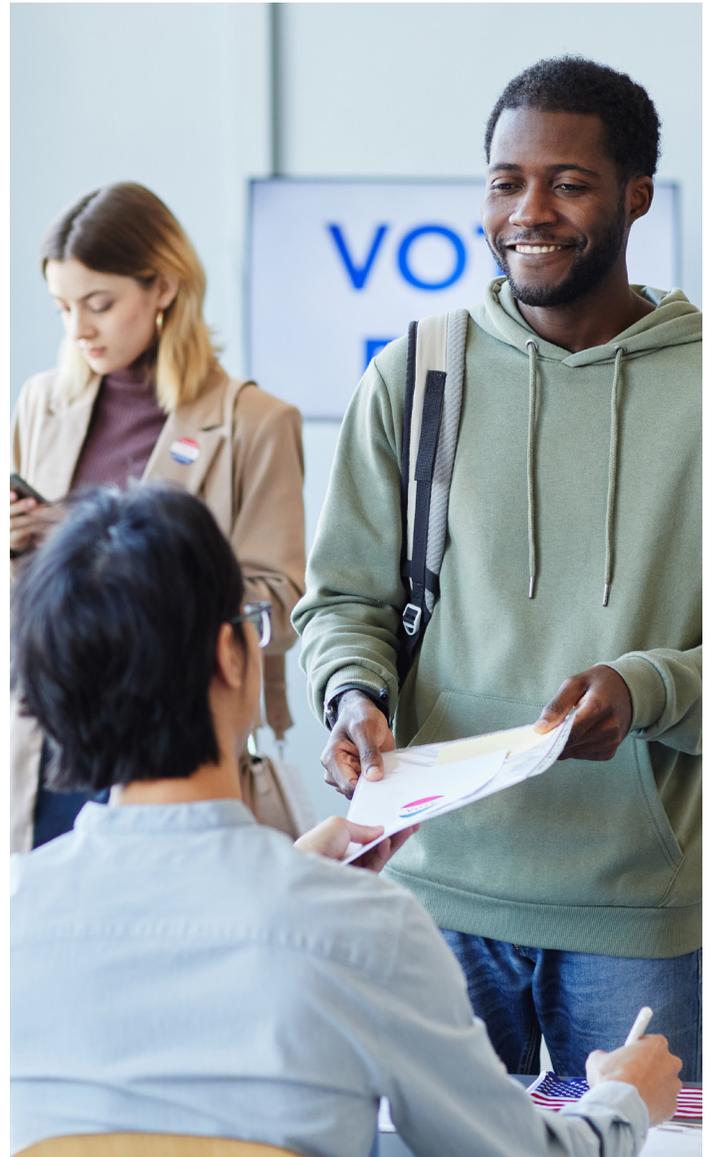
Unions consist of workers organized to use their voices to bargain collectively for improved wages, benefits and working conditions. Union membership can increase political knowledge and participation. Unions achieve these goals and reduce discrimination and wage disparities by race and gender, all of which improves workers' health. In society, unions can reduce income inequality and improve wages and benefits.

Voter registration initiatives

Voter registration initiatives include automatic voter registration, registration drives, easing registration requirements and expanding the types and number of sites where people can register. Automatic voter registration is the most effective way to increase voting.

Voter turnout initiatives

Voter turnout initiatives include get-out-the vote campaigns, early in-person voting, vote-by-mail and expanding polling locations and hours. All can increase voting. Early in-person voting especially increases voting among groups who normally experience obstacles to voting. Vote-by-mail increases voting and political participation without evidence of partisan advantage.



Learn how you can use What Works for Health to find evidence-informed policies and programs that can make a difference in your community and explore what is behind our evidence ratings. Curated strategy lists can be helpful resources to support community change efforts around specific topics and themes. Each list includes evidence-informed programs, policies and systems changes that can help address complex health problems, systemic social issues and local community needs and priorities. To learn more about the Civic Health Curated Strategy List, visit What Works for Health at [countyhealthrankings.org/whatworks](https://www.countyhealthrankings.org/whatworks).

About County Health Rankings & Roadmaps

County Health Rankings & Roadmaps (CHR&R), a program of the University of Wisconsin Population Health Institute, draws attention to why there are differences in health within and across communities. The program highlights policies and practices that can help everyone to be as healthy as possible. The program seeks to grow a shared understanding of health, equity and the power of communities to improve health for all. This work is rooted in a long-term vision that all people and places have what they need to thrive. CHR&R is committed to creating resources and tools that support community-led efforts to accurately diagnose core

problems, understand and account for historical context and implement evidence-informed solutions.

CHR&R believes that differences in opportunity result from decisions we make about our communities. We can build the will to implement policies and programs that positively influence how resources are allocated, how services are provided, how groups are valued and, ultimately, how and whether we thrive. CHR&R seeks to foster social solidarity and help build community power for health equity.



Glossary of terms and technical notes

Glossary of terms

Civic health: The degree to which citizens participate in their communities, from local and state governance to interactions with friends or family. Civic health relates to the overall well-being of neighborhoods, communities, states and the nation (National Conference on Citizenship 2023).

Civic infrastructure: Places, policies, programs and practices that undergird strong communities and foster civic participation (Patrick and Brady 2015).

Civic participation: The ways people participate in the life of a community in order to improve conditions and/or shape the community's future (Adler and Goggin 2016).

Community power: The ability of communities most impacted by structural inequity to develop, sustain and grow an organized group of people who act together through democratic structures to set agendas, shift public discourse, influence who makes decisions and cultivate ongoing relationships of mutual accountability with decision-makers that change systems and advance health equity (Lead Local 2023).

Democracy: A form of government where citizens elect leaders to govern on their behalf.

Digital redlining: The modern equivalent of this historical form of redlining creates and maintains technological policies, practices and investment decisions that enforce class boundaries and discriminate against specific populations. For example, this entails under-resourced broadband infrastructure in low-income and rural areas and neighborhoods, often with a high proportion of people of color (Gilliard and Culik 2016).

Health equity: Assurance of the 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 (Jones 2014).

Information environment: The space where people process information to make sense of the world. This includes the digital and non-digital resources that shape information flow and the conditions for people to access, process and absorb information (Center for Democracy & Technology n.d.).

Redlining: The Federal Housing Administration's policies from the 1930s that entrenched racial residential segregation. Redlining denied Black people and some other ethnic groups access to government-insured mortgages and labeled homes in neighborhoods where Black people and some other ethnic groups lived as uninsurable, thereby guaranteeing that property values in those neighborhoods would be less than those in non-immigrant, white neighborhoods (Mapping Inequality n.d.).

Right-to-Work policies: These policies prohibit unions from collecting dues from non-unionized workers in otherwise unionized workplaces, which weakens the scope of collective action and deprives unions of funds to exert political influence to support workers (Frymer, Grumbach and Hill 2023).

Social solidarity: Emphasizes the interdependence between individuals in a society, which allows individuals to feel that they can enhance the lives of others. It is a core principle of collective action and is founded on shared values and beliefs among different groups in society (Douwes et al. 2018).

Structural barriers: Obstacles that collectively affect a group disproportionately and perpetuate or maintain stark disparities in outcomes (American Hospital Association Institute for Diversity and Health Equity n.d.). For technical note on how structural barriers are measured in this report, see page 15.

Structural racism: Refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values and distribution of resources (Bailey et al. 2017).

Find more information and relevant readings on civic health at [countyhealthrankings.org](https://www.countyhealthrankings.org).

Technical notes

Definitions for regions and county categories

The Appalachian Region is defined as the 423 counties across 13 states from southern New York to northern Mississippi that span the Appalachian Mountain range and are served by the Appalachian Regional Commission.

The Black Belt Region is defined as the 285 counties in the southern region of the U.S. that have populations where greater than or equal to 30% of their residents identify as non-Hispanic Black or African American alone, according to the 2020 decennial census.

Data sources and measures

Structural Barriers: Data sources for structural barriers include the 2020 Cost of Voting Index (COVI) and the State Democracy Index. The 2020 COVI, which measures the relative difficulty of voting in each state, was created from nine issue areas, including: registration deadlines, registration restrictions, registration drive restrictions, pre-registration laws for 16 and 17 year olds, automatic voter registration, voting inconvenience, voter ID laws, poll hours and early voting. The State Democracy Index, which measures the quality of democratic institutions in states, uses 51 democracy indicators, such as measures of gerrymandering, electoral policies that affect the eligibility to or cost of voting, electoral policies that increase the integrity of elections and observed democratic outcomes. We stratified the COVI into tertiles for analyses capturing more or fewer structural barriers.

Libraries: Data on library use come from the Public Libraries Survey for 2021 conducted by the Institute of Museum and Library Services. Note: the impact of the COVID-19 pandemic likely affected library operating hours and use in 2021.

The U.S.-Mexico Border Region is defined as the aggregate of 44 counties within 100 kilometers (or 62.5 miles) of the international boundary, stretching 2,000 miles from the southern tip of Texas to California.

AI/AN tribal areas and their surrounding counties is defined as counties where any part of the county includes an American Indian or Alaska Native tribal area as delineated by the U.S. Census Bureau.

News Outlets: Data on the availability of local news outlets come from the Medill Local News Initiative at Northwestern University's "The State of Local News" 2023 report.

Volunteering: Data on volunteering at the state level come from the 2021 Current Population Survey Civic Engagement and Volunteering Supplement conducted by the U.S. Census Bureau and AmeriCorps.

Union Membership: Data on union membership at the state level come from the 2023 Current Population Survey and the U.S. Bureau of Labor Statistics.

We define the healthiest and least healthy counties as those that scored among the 10th (least healthy) and 90th (healthiest) percentile counties, nationwide, for the 2024 Health Outcomes z-score.

2024 Select measures and data sources

	Measure	Source	Years of Data
Health Outcomes			
Length of Life	Premature Death*	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2019–2021
Quality of Life	Poor or Fair Health ⁺	Behavioral Risk Factor Surveillance System	2021
	Poor Physical Health Days ⁺	Behavioral Risk Factor Surveillance System	2021
	Poor Mental Health Days ⁺	Behavioral Risk Factor Surveillance System	2021
	Low Birthweight*	National Center for Health Statistics - Natality files	2016–2022
Health Factors			
Health Behaviors			
Tobacco Use	Adult Smoking ⁺	Behavioral Risk Factor Surveillance System	2021
Diet and Exercise	Adult Obesity ⁺	Behavioral Risk Factor Surveillance System	2021
	Food Environment Index	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2019 & 2021
	Physical Inactivity ⁺	Behavioral Risk Factor Surveillance System	2021
	Access to Exercise Opportunities	ArcGIS Business Analyst and Living Atlas of the World; YMCA; US Census TIGER/Line Shapefiles	2023, 2022 & 2020
Alcohol and Drug Use	Excessive Drinking ⁺	Behavioral Risk Factor Surveillance System	2021
	Alcohol-Impaired Driving Deaths	Fatality Analysis Reporting System	2017–2021
Sexual Activity	Sexually Transmitted Infections	National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention	2021
	Teen Births*	National Center for Health Statistics - Natality Files; Census Population Estimates Program	2016–2022
Clinical Care			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2021
	Primary Care Physicians	Area Health Resource File/American Medical Association	2021
	Dentists	Area Health Resource File/National Provider Identifier Downloadable File	2022
	Mental Health Providers	CMS, National Provider Identification	2023
Quality of Care	Preventable Hospital Stays*	Mapping Medicare Disparities Tool	2021
	Mammography Screening*	Mapping Medicare Disparities Tool	2021
	Flu Vaccinations*	Mapping Medicare Disparities Tool	2021
Social and Economic Factors			
Education	High School Completion	American Community Survey, 5-year estimates	2018–2022
	Some College	American Community Survey, 5-year estimates	2018–2022
Employment	Unemployment	Bureau of Labor Statistics	2022
Income	Children In Poverty*	Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates	2022 & 2018–2022
	Income Inequality	American Community Survey, 5-year estimates	2018–2022
Family and Social Support	Children in Single-Parent Households	American Community Survey, 5-year estimates	2018–2022
	Social Associations	County Business Patterns	2021
Community Safety	Injury Deaths*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2017–2021
Physical Environment			
Air and Water Quality	Air Pollution - Particulate Matter	Environmental Public Health Tracking Network	2019
	Drinking Water Violations ⁺	Safe Drinking Water Information System	2022
Housing and Transit	Severe Housing Problems	Comprehensive Housing Affordability Strategy (CHAS) data	2016–2020
	Driving Alone to Work*	American Community Survey, 5-year estimates	2018–2022
	Long Commute - Driving Alone	American Community Survey, 5-year estimates	2018–2022

*Subgroup data available by race and ethnicity +Data availability or recency varies by state

2024 Additional measures and data sources

	Measure	Source	Years of Data
Health Outcomes			
Length of Life	Life Expectancy*	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2019–2021
	Premature Age-Adjusted Mortality*	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2019–2021
	Child Mortality*	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2018–2021
	Infant Mortality*	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2015–2021
Quality of Life	Frequent Physical Distress ⁺	Behavioral Risk Factor Surveillance System	2021
	Frequent Mental Distress ⁺	Behavioral Risk Factor Surveillance System	2021
	Diabetes Prevalence ⁺	Behavioral Risk Factor Surveillance System	2021
	HIV Prevalence	National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention	2021
Health Factors			
Health Behaviors			
Diet and Exercise	Food Insecurity	Map the Meal Gap	2021
	Limited Access To Healthy Foods	USDA Food Environment Atlas	2019
Alcohol and Drug Use	Drug Overdose Deaths*	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2019–2021
Other Health Behaviors	Insufficient Sleep ⁺	Behavioral Risk Factor Surveillance System	2020
Clinical Care			
Access to Care	Uninsured Adults	Small Area Health Insurance Estimates	2021
	Uninsured Children	Small Area Health Insurance Estimates	2021
	Other Primary Care Providers	CMS, National Provider Identification	2023
Social and Economic Factors			
Education	High School Graduation ⁺	State-Specific Sources & Edfacts	2020–2021
	Disconnected Youth	American Community Survey, 5-Year Estimates	2018–2022
	Reading Scores**	Stanford Education Data Archive	2018
	Math Scores**	Stanford Education Data Archive	2018
	School Segregation	National Center For Education Statistics	2022-2023
	School Funding Adequacy ⁺	School Finance Indicators Database	2021
Income	Gender Pay Gap	American Community Survey, 5-Year Estimates	2018–2022
	Median Household Income*	Small Area Income And Poverty Estimates; American Community Survey, 5-Year Estimates	2022 & 2018-2022
	Living Wage	The Living Wage Institute	2023
	Children Eligible For Free Or Reduced Price Lunch ⁺	National Center For Education Statistics	2021–2022
Family and Social Support	Residential segregation – Black/white	American Community Survey, 5-Year Estimates	2018–2022
	Child Care Cost Burden	The Living Wage Institute, Small Area Income And Poverty Estimates	2023 & 2022
	Child Care Centers	Homeland Infrastructure Foundation-Level Data (Hifld)	2021
Community Safety	Homicides*	National Center For Health Statistics - Mortality Files; Census Population Estimates Program	2015-2021
	Suicides*	National Center For Health Statistics - Mortality Files; Census Population Estimates Program	2017-2021
	Firearm Fatalities*	National Center For Health Statistics - Mortality Files; Census Population Estimates Program	2017-2021
	Motor Vehicle Crash Deaths*	National Center For Health Statistics - Mortality Files; Census Population Estimates Program	2015-2021
	Juvenile arrests ⁺	Easy Access To State And County Juvenile Court Case Counts	2021
Other Social & Economic Factors	Voter Turnout ⁺	MIT Election Data and Science Lab; American Community Survey, 5-year estimates	2020 & 2016–2020
	Census Participation	Census Operational Quality Metrics	2020
Physical Environment			
Housing and Transit	Traffic Volume	EJSCREEN: Environmental Justice Screening and Mapping Tool	2023
	Homeownership	American Community Survey, 5-Year Estimates	2018–2022
	Severe Housing Cost Burden	American Community Survey, 5-Year Estimates	2018–2022
	Broadband Access	American Community Survey, 5-Year Estimates	2018–2022

*Subgroup data available by race and ethnicity +Data availability or recency varies by state



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