County Health Rankings & Roadmaps

Building power for health and equity

2025 County Health Rankings & Roadmaps Report

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

Introduction

People working together have the power to create a society where everyone has what they need to thrive.

Rosa Parks was a community organizer who brought people together to build collective power and change the rules for a better society. In 1955, after decades of working toward racial justice, Parks made a strategic decision not to give her seat to a white passenger on a segregated bus in Montgomery, Alabama. Her action, and the Black women who refused to give up their seats before her, led to a 13-month bus boycott and a ruling from the U.S. Supreme Court ordering integration of the bus system. Building power to change societal rules required organizing, commitment and time. The boycott disrupted city life and residents that used the alternative carpool system encountered violence and police harassment, including arrests. The boycott was successful because Black residents spent decades organizing to challenge injustice. Rosa Parks' action, the organized community members' perseverance and the legal action that followed changed societal rules and restructured community conditions to better support everyone's health.

Community conditions, such as access to transportation, safe housing, jobs that pay a living wage and well-resourced schools, are known as the social determinants of health. They are among the factors that make up a healthy community. But as the Montgomery bus boycott reminds us, the community conditions needed to create healthy communities are not available to everyone. In fact, people wielding power have made decisions to build wealth for a few by exploiting the energy and labor of those pushed to the edges of society. As a result, those in power have divested from communities, robbing them of opportunities to live long and live well.

Written and unwritten rules — and how they are applied — shape conditions for healthy communities. Together, power and rules are the structural determinants of health. People with power create, reinforce and modify these rules for their benefit. However, with collective action, everyone can influence the rules, not just those with money and power — just as those in Montgomery showed us.

Power is always being contested. As we work toward a world where everyone has what they need to thrive, we must continue to uncover and challenge the power and rules that shape health and well-being. The new University of Wisconsin Population Health Institute Model of Health helps us name, confront, and take action to change these structures to create healthier and more equitable communities.

Public health's roots

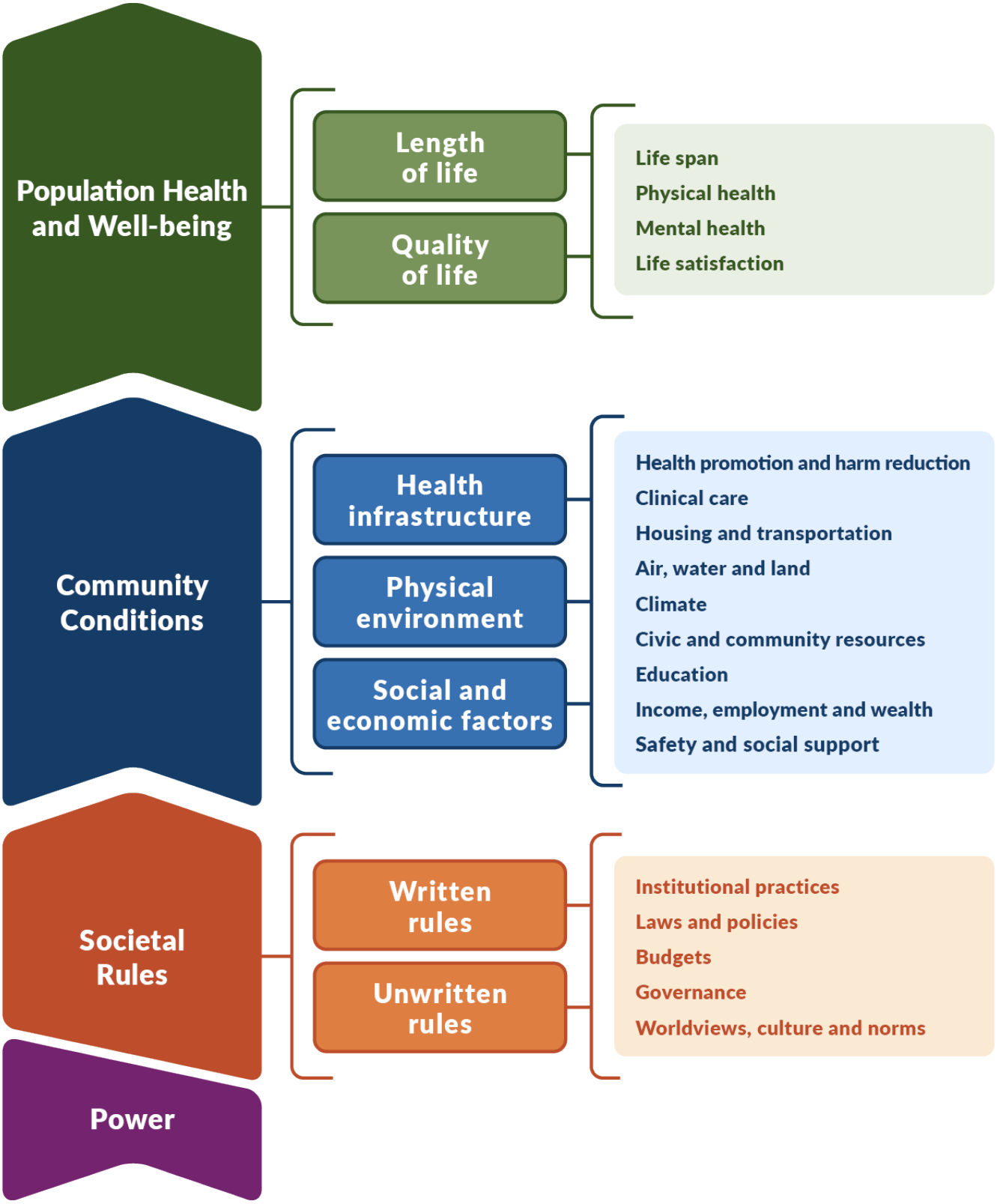
Public health is rooted in community organizing, a process where people with a common identity or purpose unite to build relationships, identify shared issues, collectively analyze those issues, develop goals and implement strategies to reach those goals.

A coalition of physicians, advocates, scientists and reformers organized around urbanization and industrialization in the late 19th and early 20th centuries. Their focus was broad and their mandate was clear: There was a moral need to address the social problems that made some people more susceptible to disease. The coalition used its power to challenge corporate interests and to create systems for clean water, less crowded housing, indoor plumbing and safer working conditions. Together, they transformed communities' health.

Public health moved away from social, political and economic reform in the 20th century and increased focus on individual health. Advancements in science and health care, including vaccines, antibiotics and clinical interventions, became a way for public health to fight disease.

But public health does not have to pick science over reform. We can simultaneously share scientific knowledge and expertise while building power to improve health for all.

A bold new model of health



University of Wisconsin Population Health Institute Model of Health © 2025

University of Wisconsin Population Health Institute Model of Health

The use of power and rules in ways that prevent us from creating the conditions needed for communities to thrive are among the greatest threats to the public's health today. Public health is rooted in a history of social, political and economic reform. To achieve health and equity, we must return to those roots. We must grow power to change the rules and how they are applied so that all people and places thrive.

The new University of Wisconsin Population Health Institute (UWPHI) Model of Health expands on two decades of work by naming how power is applied and reinforced through society's rules to shape our communities, and ultimately our health. The model broadens our understanding of how well and how long we live by examining who and what influences our conditions and how this shapes our daily lives. We create opportunities for health as a society.

Population health and well-being represent how well and how long we live, including our physical, mental, and social well-being. We see unfair differences in these outcomes because not everyone has the same opportunity to be healthy.

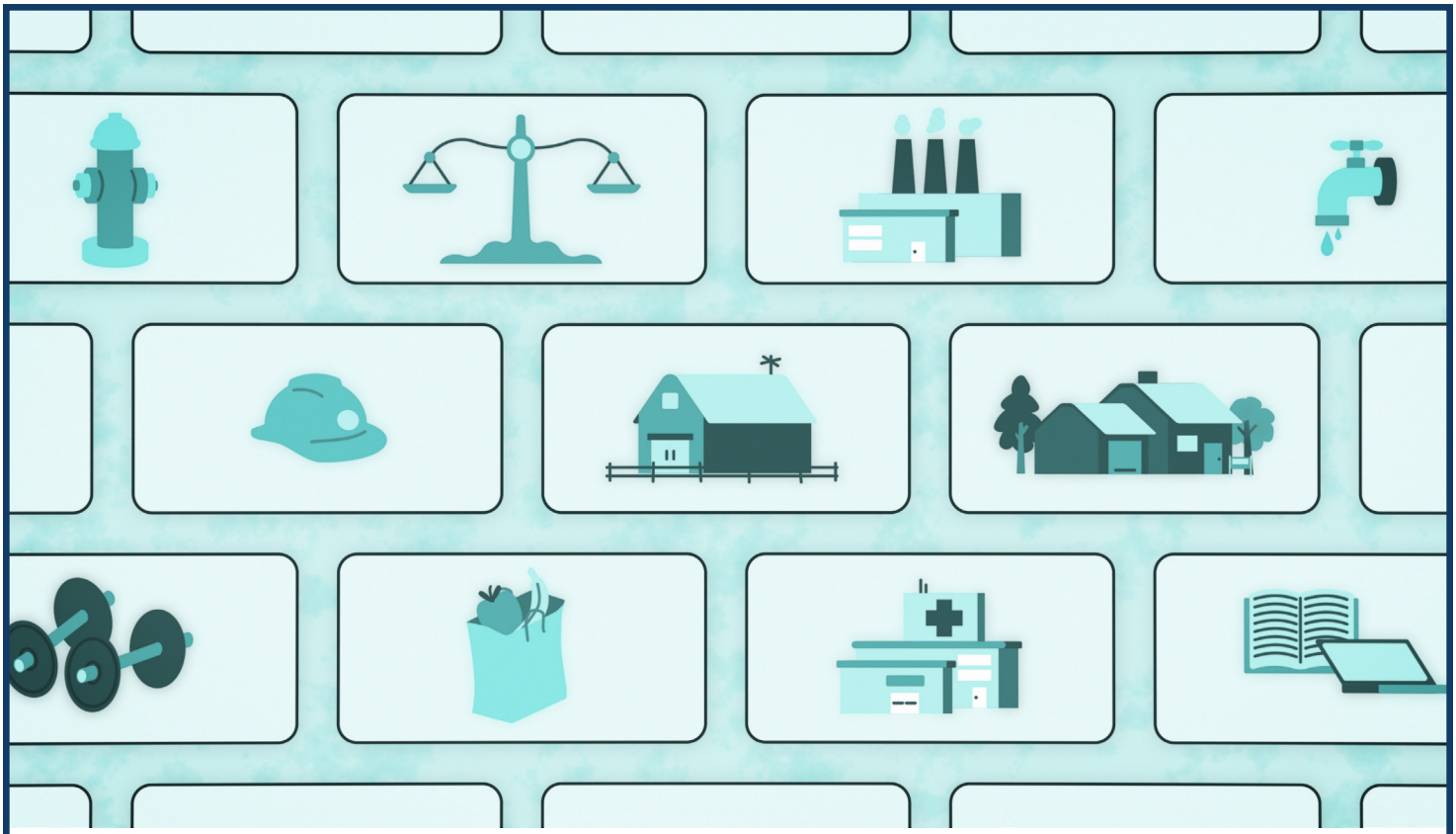
Community conditions encompass where we live, learn, work and play. For example, affordable housing, clean water and opportunities to build wealth impact health. Clear patterns of advantage and disadvantage exist in the conditions of daily living that influence how well and how long we live.

Societal rules are set and held by people who wield power and shape the conditions that affect our health. Written rules are formalized in policies and laws while worldviews and norms are unwritten rules. The rules are applied by those wielding power to influence the conditions for health and well-being and the ways these conditions are distributed fairly or unfairly.

Power is our ability to create change. People and groups who hold power influence societal rules and determine how they are applied. When power is concentrated in the hands of a few, it advantages their shared interests and often disadvantages interests aligned with good health for all individuals, groups, communities and even entire regions of the country. We can grow community power so that people who have been most burdened by societal rules have a say in creating change.

Everyone has a role to play and everyone should have a say in creating societal rules and in determining how they are applied. That means including everyone in setting agendas, making decisions, allocating resources, and shifting worldviews to determine how well societal rules shape community conditions to promote and preserve health for all.

We can nurture our communities so that everyone realizes health and well-being. We can work across our differences and build solidarity by understanding the root causes of our problems and addressing them together. We can change the rules to allow every community the opportunity to thrive today and in the future.



Structural racism: How rules and power can hold unfair conditions in place

Community conditions that support health and well-being are often distributed unfairly. These patterns harm racialized groups, women, queer communities and people with less income and wealth. Society's rules and the unwillingness of those with power to change them often hold unfair conditions in place, weaving racism, sexism and classism into the fabric of our communities.

Structural racism is embedded in society's unwritten rules through a ***worldview*** that white people are superior. It is also reinforced through ***governance*** and ***institutional practices*** that apply regulations in an unequal manner across communities. Structural racism is also present in society's written rules. ***Policies and laws***, such as voter registration laws, can make it difficult for people who experience structural racism to have a say in the decisions that affect them. These rules, set and applied by people who have power, unevenly affect living conditions and create patterns of disadvantage for racialized people. Patterns of disadvantage also show up through under-resourced schools, unsafe housing and limited access to health care, and make it impossible to establish the conditions people need to be healthy. Many civil rights victories were won — and rules were changed — because we recognized that our fates are linked and collectively worked to change laws, governance and worldviews.

Model in action: How rules and power shape conditions

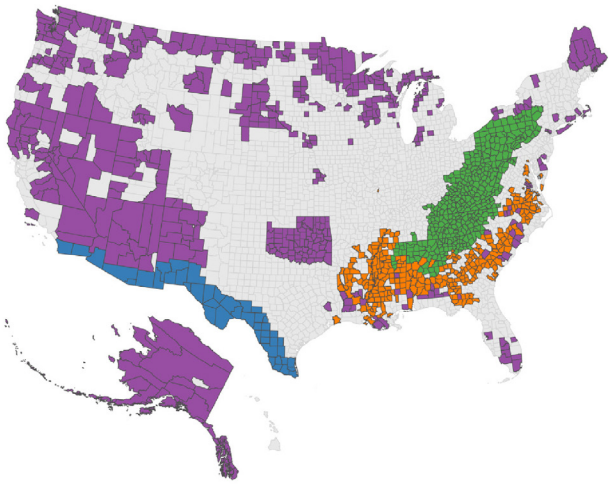
Regions like the Black Belt, Appalachia, American Indian/Alaska Native Tribal Areas and counties along the U.S.-Mexico border have historically, and continue to have, less access to the community conditions needed for good health.

But how are those conditions created? And who creates them? Compare the image to the right to the one below. Where types of long-standing discrimination and disinvestment have occurred through policies and practices — such as racial segregation through redlining, legal actions to terminate tribal culture and land rights and disinvestment in rural economies — counties fall among the least healthy in measures of community conditions.

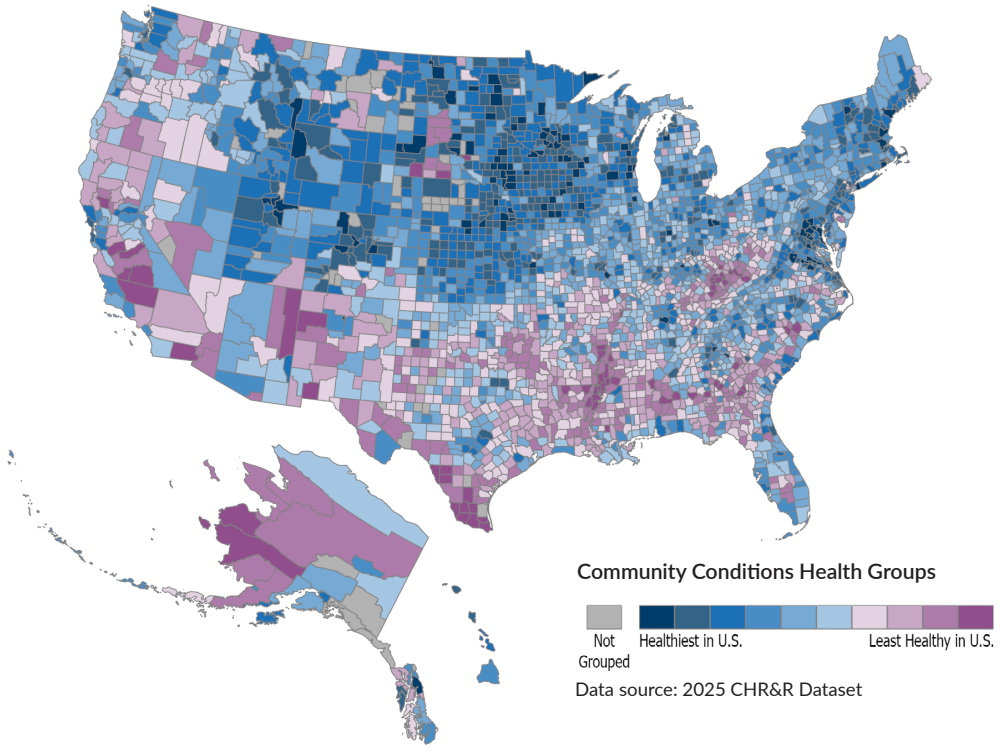
The University of Wisconsin Population Health Institute's Model of Health provides a framework to understand how community conditions are shaped by societal rules and the way those rules are determined and applied through power.

Let's explore how some of the conditions in the places we live, learn, work and play came to be.

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



Variation in Community Conditions Among U.S. Counties



Data source: 2025 CHR&R Dataset

Housing

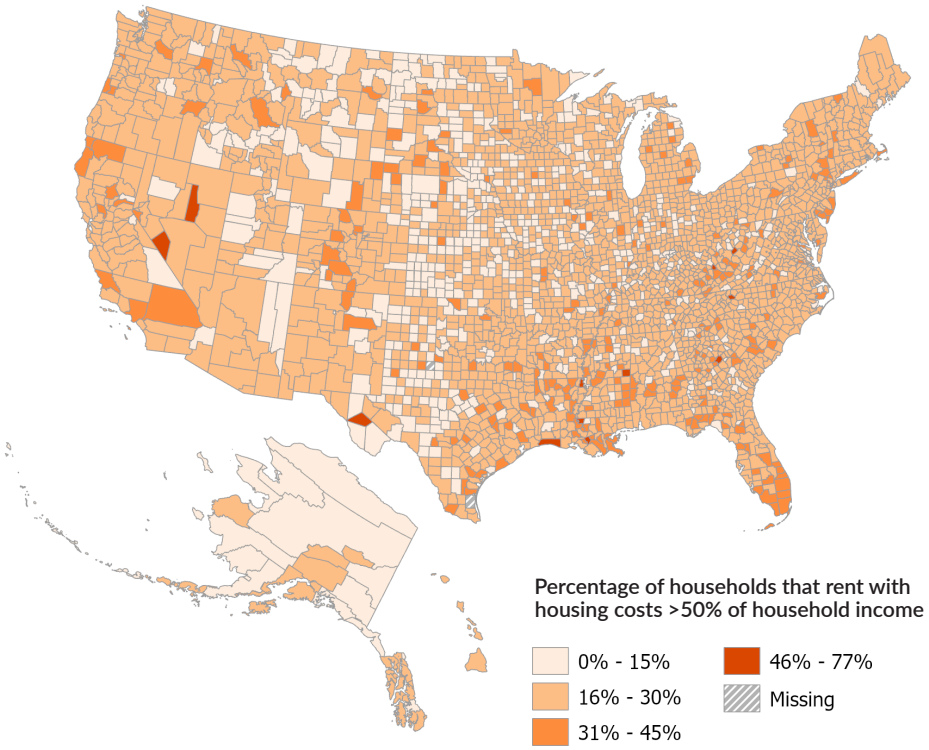
Stable and affordable housing is essential for a healthy community. Housing near quality schools and jobs that pay a living wage create more opportunities that support health. Housing near grocery stores with affordable and nutritious food make eating healthier easier. Unsafe housing that contains toxins such as lead, mold and smoke makes us sick. And when too much of a paycheck goes toward the rent or mortgage, it makes it difficult to afford other essentials.

One out of every four renters, and more than half of low-income renters, spends more than half of their income on housing costs. This burden can force people to choose between paying for food, transportation or medical care.

The map on the top right shows the percentage of renters experiencing severe housing cost burden — a problem that touches counties in every region of the country.

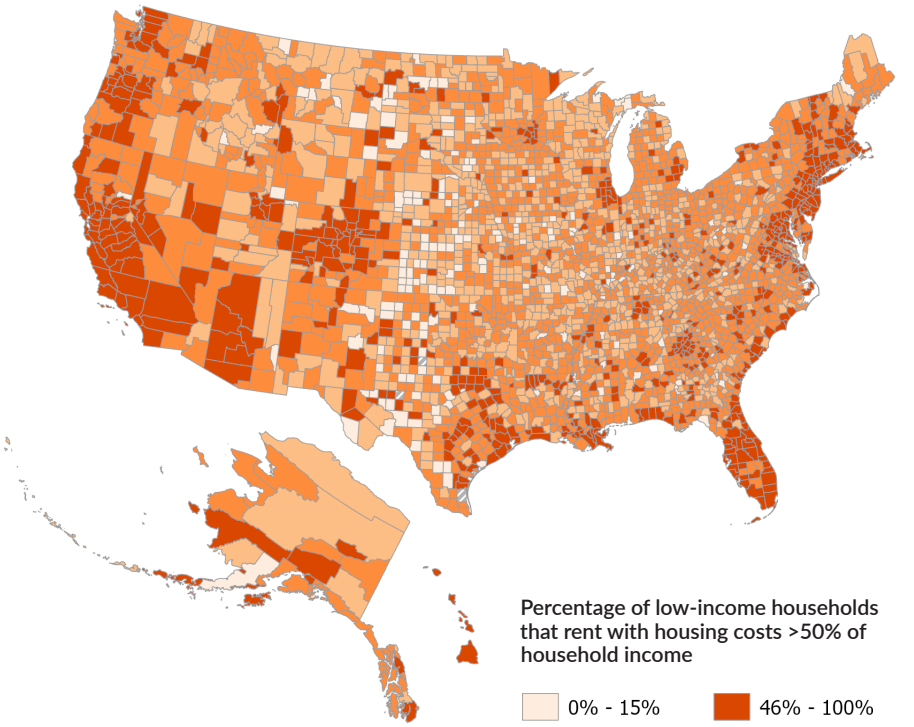
Across the U.S., there are nearly 10 million low-income renter households that spend more than half of their income on housing costs, as shown in the map on bottom right. Many cost-burdened renters are just one unforeseen event — an illness, job loss, financial crisis, or even a drop in hours at work — from losing their housing. For low-income renters, the risk of homelessness is especially high.

Severe Housing Cost Burden Among Renters, 2019-2023



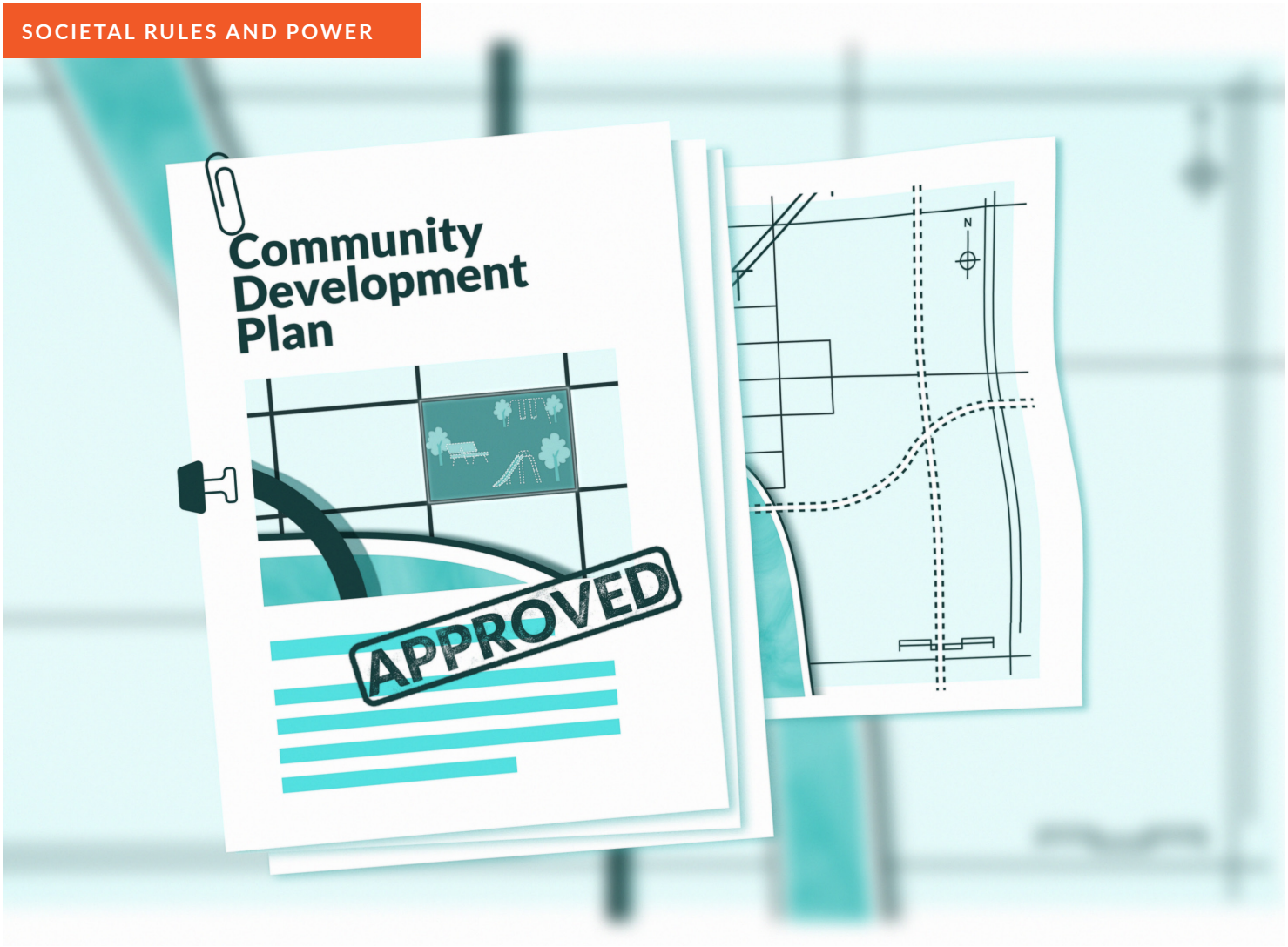
Data source: U.S. Census, American Community Survey

Severe Housing Cost Burden Among Low-income* Renters, 2019-2023



Data source: U.S. Census, American Community Survey. * See technical notes.

SOCIETAL RULES AND POWER



Across and within counties, there are stark differences in the opportunities to live in safe, affordable housing, especially for low-income renters. These differences emerge from long-standing, deep-rooted and unfair written and unwritten rules, such as redlining, under-resourced housing programs with long waitlists and restrictive zoning regulations.

Government planning departments make zoning recommendations which determine the availability of multi-unit rental housing. Elected officials and wealthy community members have used their power to influence government departments to exclude and segregate groups of people by race or income. Simply put, zoning laws can be used to prevent affordable multi-unit rental housing from being built. This is an example of ***governance***, or how institutions make decisions. Zoning regulations are also an example of ***laws and policies***, because they are enshrined through local ordinances.

Working together, communities can change societal rules to ensure that everyone has the right to live in safe and affordable housing.

Education

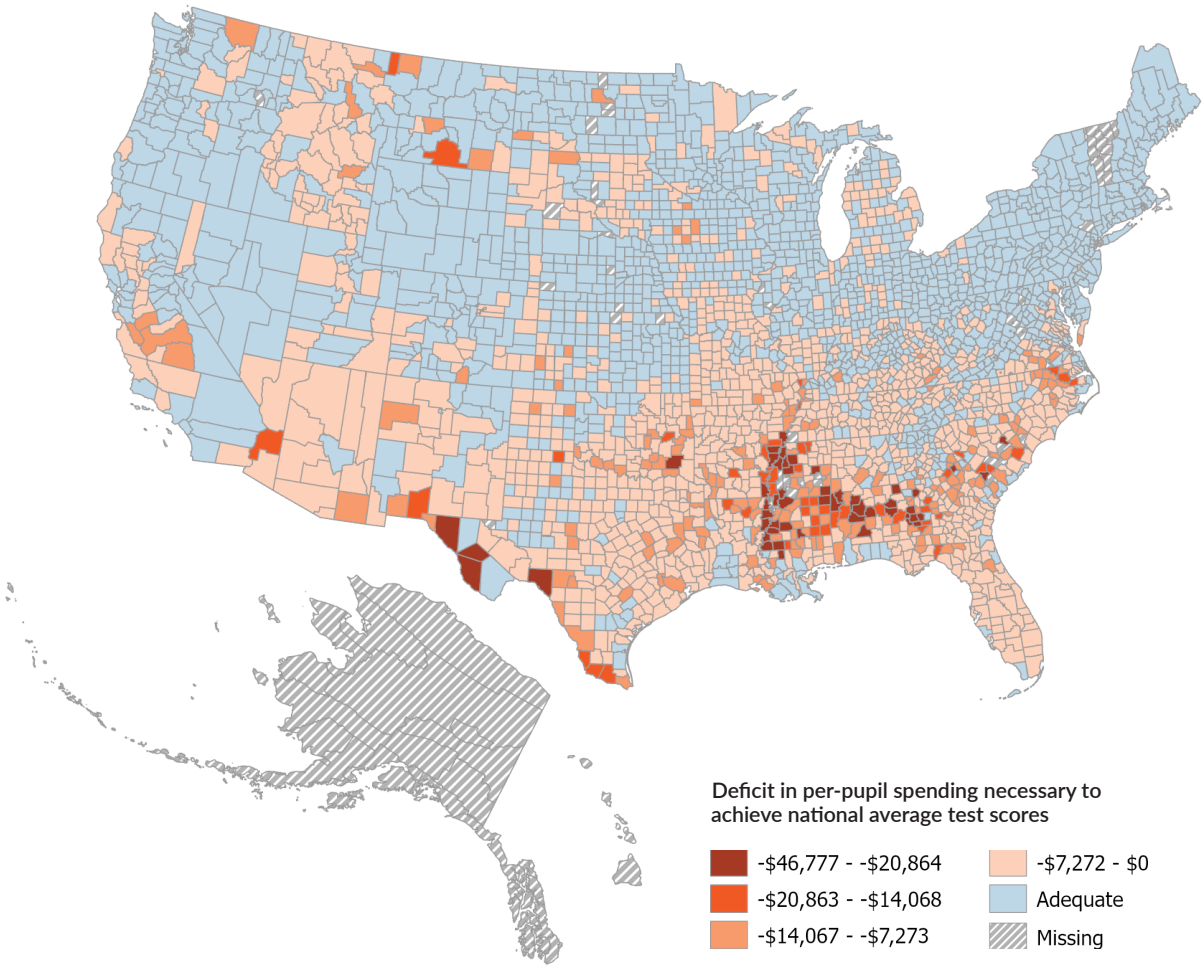
Schools play an important role in children's physical, mental and social well-being. Academic performance at younger ages, like reading and math scores, are a predictor of a high school graduation rates, which are strongly correlated with higher life expectancies and improved quality of life.

Most K-12 education funding decisions are made by local and state elected officials, and informed by school boards and community advocates. Only a modest percentage of funding comes from the federal government. ***Budgets*** shape the ability of schools to provide quality services and education. Adequate funding for teachers' salaries, programs and equipment is an example of how societal rules around the distribution of resources can impact the health of a community.

Schools are primarily funded through tax revenue. Schools in communities that have experienced disinvestment are more likely to be underfunded, which compound on top of other forms of disadvantage.

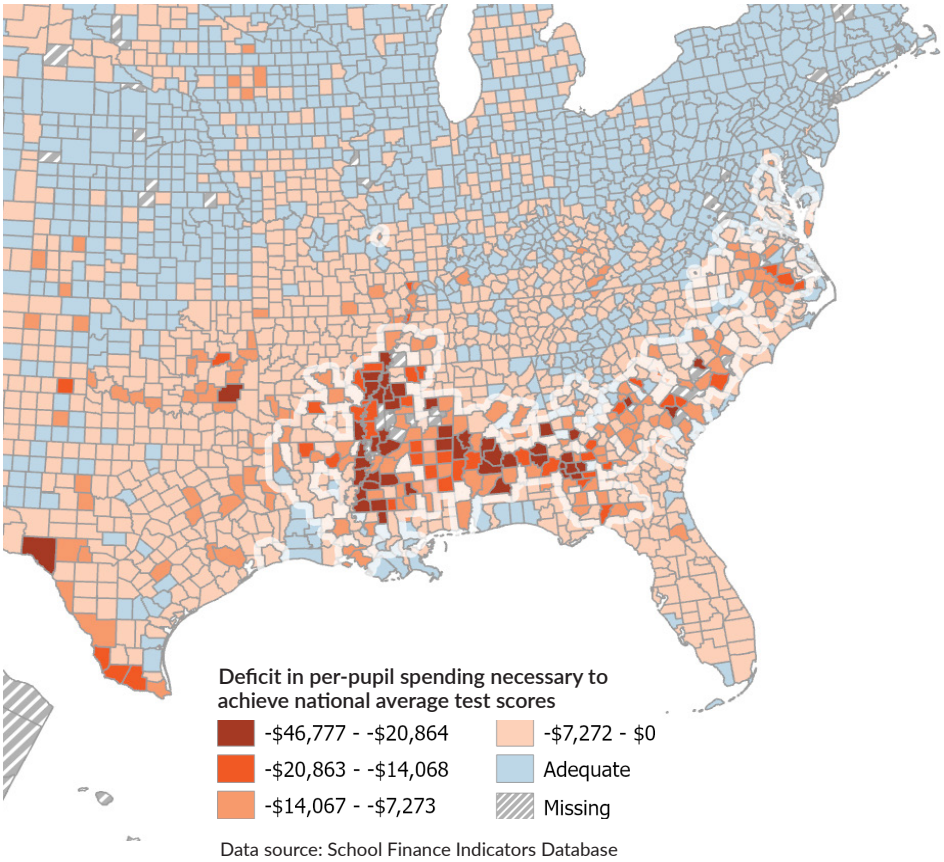
The map below shows the distribution of school funding adequacy across the U.S. Counties in blue have adequate per-pupil spending to achieve national average test scores, while schools in orange counties are facing deficits.

School Funding Adequacy Among U.S. Counties, 2022



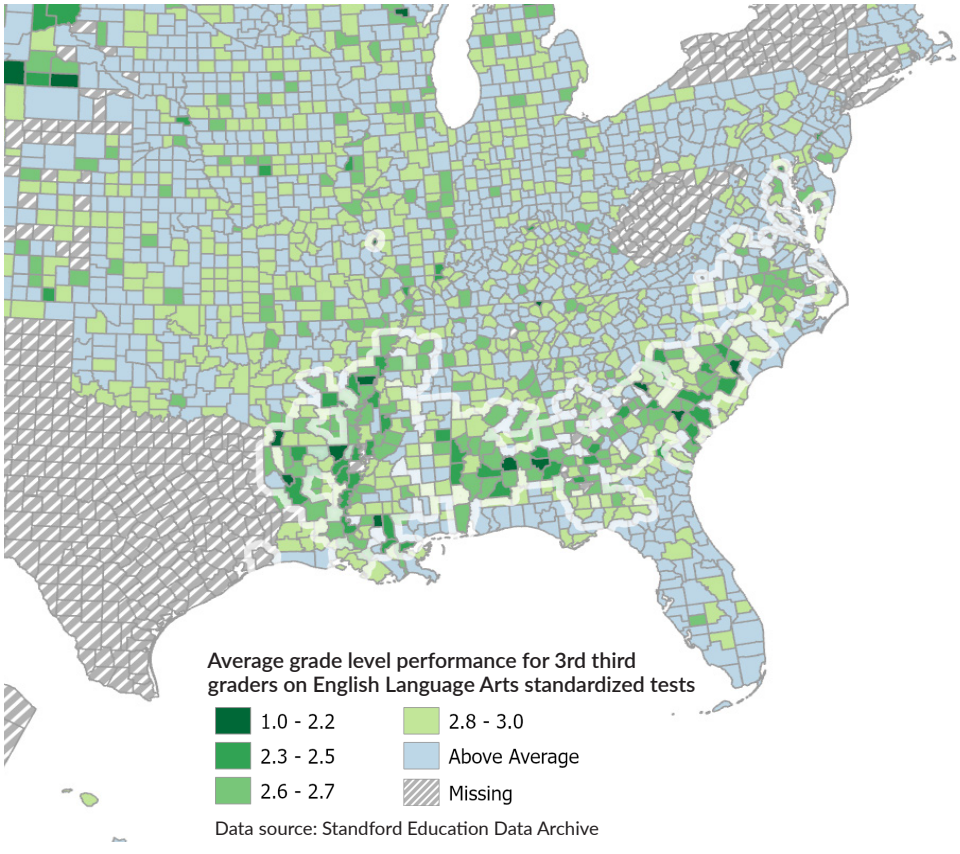
Data source: School Finance Indicators Database

School Funding Adequacy Among U.S. Counties, Black Belt Region Highlighted, 2022



Half of all counties in the U.S. operate with a public school funding deficit, needing to spend, on average, more than an additional $3,000 per student annually for their students to achieve national average test scores. And deficits are particularly large in the Black Belt Region (see map on top left).

Third Grade Reading Scores Among U.S. Counties, Black Belt Region Highlighted, 2019



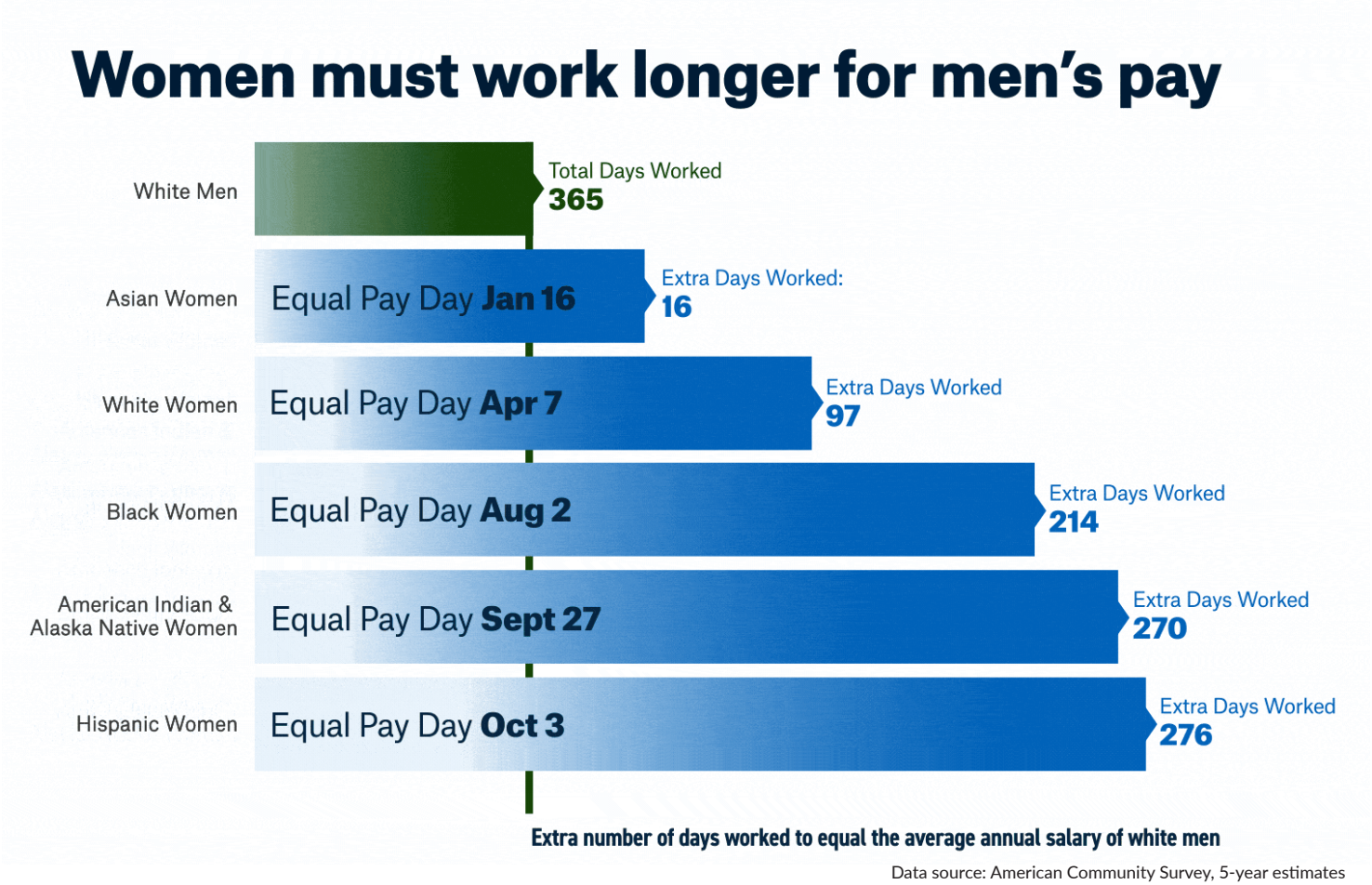
Schools and districts with more funding can provide students with higher-quality, broader and deeper opportunities. Reductions in class sizes and increases in instructional time and teachers' salaries can lead to better educational outcomes for students, like third grade reading scores (see map bottom left).

We can use our power to ensure that every child attends well-resourced schools and receives quality education.

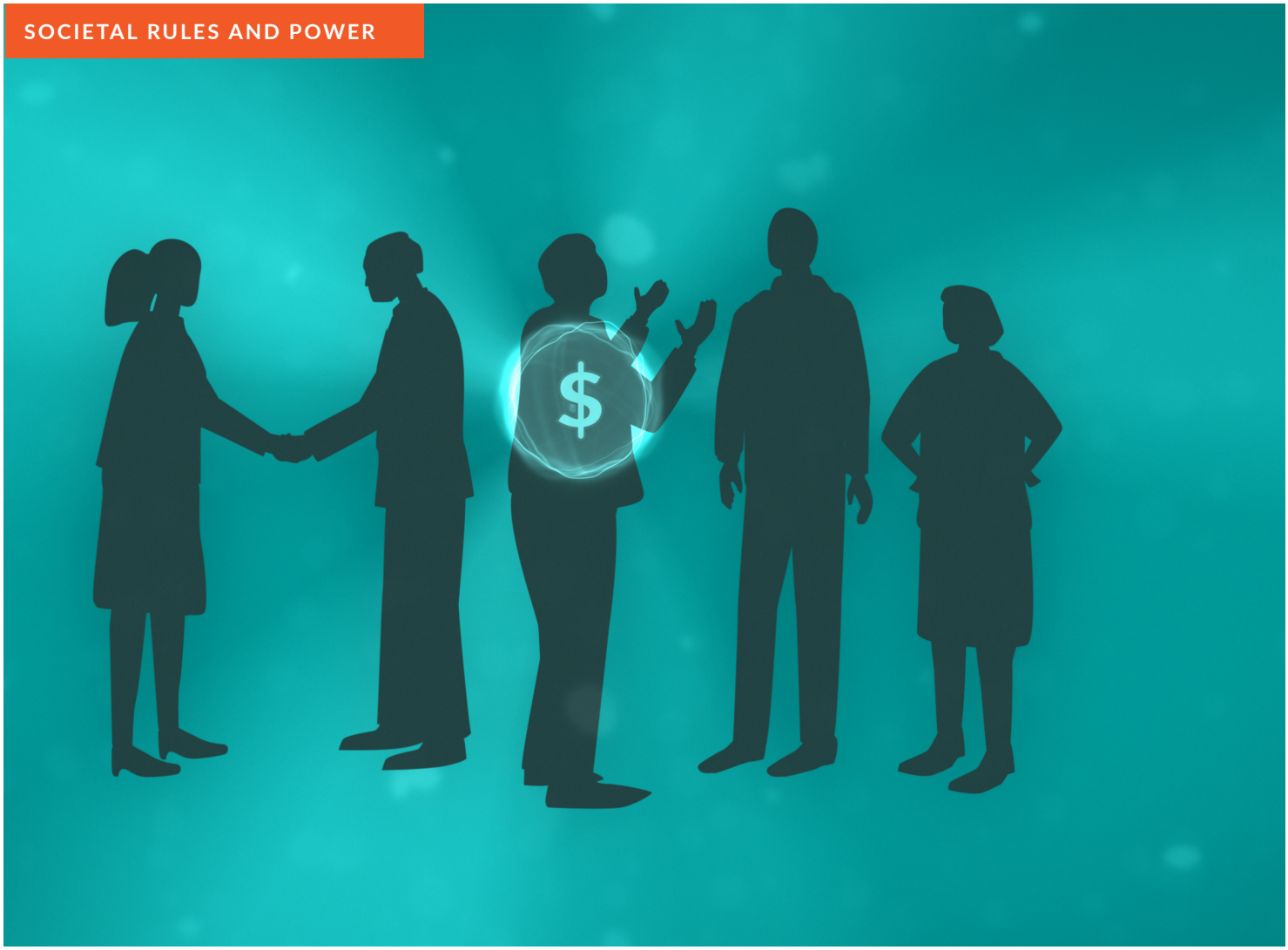
Income, employment and wealth

Stable, living wage jobs and fair pay are essential for health as they shape the opportunities and choices we have about housing, education, child care, food, medical care and more. Yet women across all races and ethnicities earn less than men do, on average, for the same roles in nearly every occupation due to the written and unwritten rules applied by people and organizations that wield power.

The gender pay gap is the ratio of women's median earnings to men's for all full-time, year-round workers. Women earn little more than 80 cents for every dollar men earn — nearly 60 years after Congress passed the Equal Pay Act to ban wage discrimination based on gender. Women of all races and ethnicities must work several more days — if not months — to earn the $73,497 average annual salary of a white man. Hispanic women must work the longest — an additional 276 days, or over nine months.



Data source: American Community Survey, 5-year estimates



The gender pay gap exists because of ***institutional practices*** and ***worldviews, culture and norms***. It reflects systemic, ingrained patterns within workplaces and society that devalue and discriminate against women, especially women of color. These patterns reflect narratives, or value-based themes of stories, which help us frame the stories we tell and the decisions we make. In this case, the worldview that dominates gender pay gap is not sufficiently challenged by corporate leadership and elected officials' values of patriarchy, or a social system in which positions of authority are primarily held by men. Worldviews, and the narratives formed because of them, influence institutional practices. Based on what and who leaders value, leadership of organizations and companies uphold practices such as segregating women into low-wage jobs, devaluing jobs typically held by women, and exercising biased hiring, promotion and layoff practices that create persistent inequities in pay. This, in turn, limits what families can afford to support healthy and dignified lives.

We can change society's written and unwritten rules so everyone who works earns a fair wage.

A call to action: Build power for health and equity

Public health's roots in community organizing remind us what is possible when we commit to social, political and economic reform. The following resources can help shift power and restructure societal rules so everyone has an opportunity to thrive.

- Community organizing in public health: Advance public health by using community organizing methods, such as developing leadership, campaigning, and building power to influence decisions, agendas, and worldviews.
- In Solidarity podcast: Organizing for Health is a series exploring the power of organizing to improve our health. Episodes cover public health's history of organizing around just causes and the ways it can return to its powerful, political roots.
- Narratives for Health: Explore ways to build power by influencing worldviews, reimagining what is possible and creating a world where everyone thrives through shifting narratives. Check out the recently published resource, Narratives for Health – In Action, to find ways to advance and embed narratives.
- Webinars: Learn about structural determinants of health in public health practice. Join our post-webinar discussions to build a learning community with others.

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 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 for all people and places to have what they need to thrive. We recognize that we solve problems better when we include everyone. 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 our collective decision-making. We can build the will to implement evidence-informed 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 and equity.

Glossary of terms and technical notes

Glossary of terms

Community conditions: The social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community conditions are also referred to as the social determinants of health (County Health Rankings & Roadmaps).

Community organizing: The processes by which people who have a common identity or purpose unite to build relationships, identify shared issues, collectively analyze those issues to understand structural injustices, develop collective goals based on that analysis, and implement strategies and tactics to reach those goals. This includes developing leadership skills, activating members for direct action and campaigning, expanding group membership and building power among the group and broader community to influence decisions, set agendas and shift worldviews (Jimenez & Heller 2025).

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).

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).

Societal rules: Societal rules are the written and unwritten rules and how they are applied to shape community conditions. Written rules may be formalized and documented in laws, policies, regulations and budgets. Unwritten rules are made up of worldviews, culture and norms (County Health Rankings & Roadmaps).

Narratives: Values-based themes of stories that we use to understand our world. A narrative communicates and reinforces a worldview and engages people in considering their own understanding of the world around them (County Health Rankings & Roadmaps — adapted from Grassroots Power Project).

Structural determinants of health: The written and unwritten rules that create, maintain or eliminate durable and hierarchical patterns of advantage between socially constructed groups in the conditions that affect health. The manifestation of power relations in which people and groups with more power based on current social structures work to maintain their advantage by reinforcing or modifying these rules (Heller et al. 2024).

Structural racism: 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 reinforce discriminatory beliefs, values and distribution of resources (Bailey et al. 2017).

Technical notes

Definitions for racial and ethnic categories: We recognize that race and 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 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.

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.

- 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.

Low-income renters in this report are defined according to guidelines on the Federal Poverty Level (FPL) from the U.S. Department of Health and Human Services (DHHS). DHHS issues annual guidelines on the Federal Poverty Level (FPL) for administrative purposes, including determining financial eligibility for certain federal programs. These guidelines vary by family size and for non-contiguous states. According to the most recent data from 2023, a household of four at 150% of the FPL earned $45,000. The data for rent as a percentage of household income used in this report come from the U.S. Census American Community Survey for 2019-2023, which has an income category that spans $35,000 to $49,999. Thus, low-income renters were defined as households earning less than $50,000.

Data sources and measures

Information on the measures used in this year's report and the methods used to calculate Community Conditions Groups is available at www. countyhealthrankings.org.

County Health Rankings & Roadmaps

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Recommended citation: University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps. 2025 report: Building power for health and equity. www.countyhealthrankings.org.

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Communications & website support
Burness
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Support for this work was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.