



County Health Rankings

Mobilizing Action Toward Community Health

2011

Maine



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research into Policy and Practice

Introduction

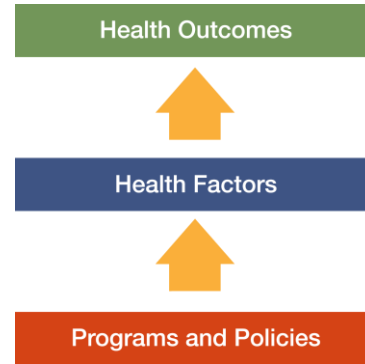
Where we live matters to our health. The health of a community depends on many different factors, including quality of health care, individual behavior, education and jobs, and the environment. We can improve a community's health through programs and policies. For example, people who live in communities with ample park and recreation space are more likely to exercise, which reduces heart disease risk. People who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk.

The problem is that there are big differences in health across communities, with some places being much healthier than others. And up to now, it has been hard to get a standard way to measure how healthy a county is and see where they can improve.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute are pleased to present the 2011 *County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the second year in a row, counties can get a snapshot of how healthy their residents are by comparing their overall health and the factors that influence their health with other counties in their state. This allows communities to see county-to-county where they are doing well and where they need to improve.

Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings* serve as both a call to action and a needed tool in this effort.

All of the *County Health Rankings* are based upon this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. These health factors and their outcomes may also be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies.

To compile the *Rankings*, we built on our prior work in Wisconsin, obtained input from a team of expert advisors, and worked closely with staff from the National Center for Health Statistics. Together we selected a number of population health measures based on scientific relevance, importance, and availability of data at the county level.

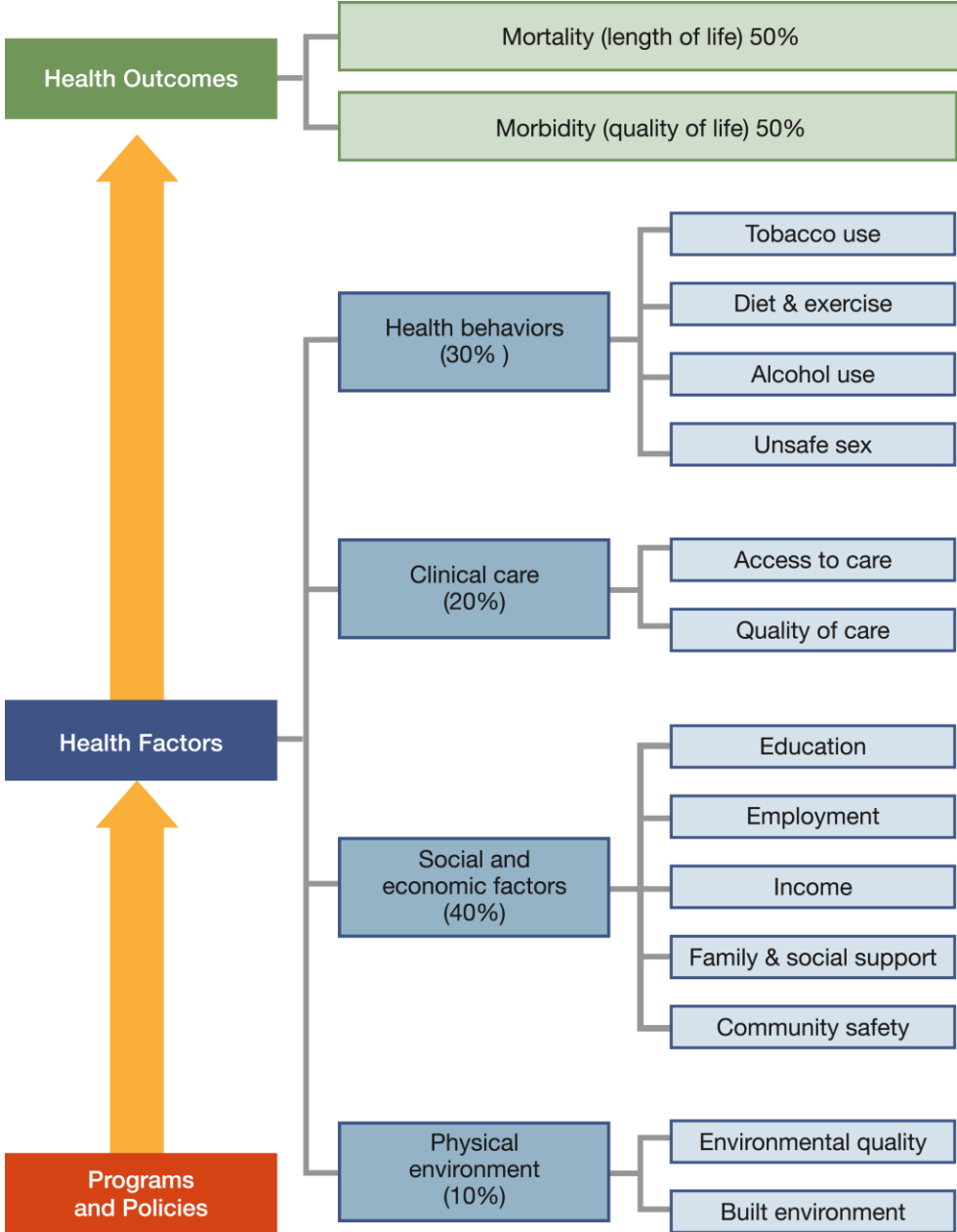
For a more detailed explanation of our approach, the methods used to compile the *Rankings*, information on the action steps communities can take to improve their health, and examples of communities in action, see www.countyhealthrankings.org



The Rankings

This report ranks Maine counties according to their summary measures of **health outcomes** and **health factors**, as well as the components used to create each summary measure. The figure below depicts the structure of the *Rankings* model. Counties receive a rank for each population health component; those having high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”

Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.

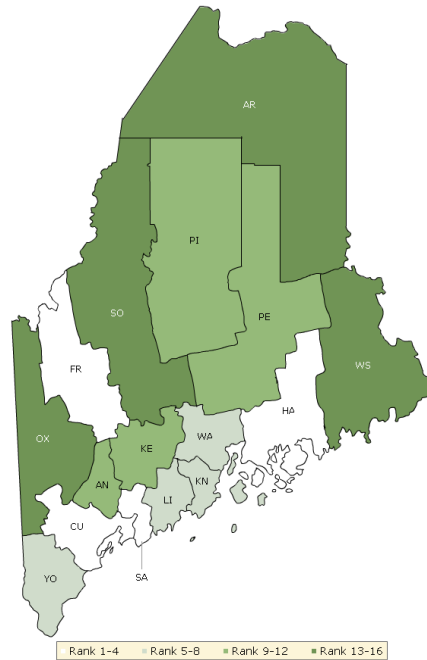


County Health Rankings model ©2010 UWPHI

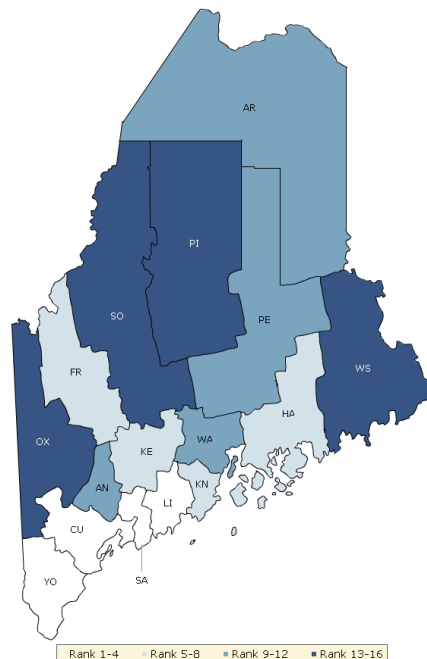
The maps on this page display Maine's counties divided into groups by health rank. The lighter colors indicate better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

Maps help locate the healthiest and least healthy counties in the state. The health factors map appears similar to the health outcomes map, showing how health factors and health outcomes are closely related.

HEALTH OUTCOMES



HEALTH FACTORS



Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors are what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Hancock	1	Cumberland
2	Franklin	2	York
3	Cumberland	3	Sagadahoc
4	Sagadahoc	4	Lincoln
5	Lincoln	5	Kennebec
6	York	6	Hancock
7	Knox	7	Knox
8	Waldo	8	Franklin
9	Kennebec	9	Penobscot
10	Piscataquis	10	Waldo
11	Penobscot	11	Aroostook
12	Androscoggin	12	Androscoggin
13	Aroostook	13	Oxford
14	Somerset	14	Piscataquis
15	Washington	15	Washington
16	Oxford	16	Somerset

Health Outcomes Rankings

The summary health outcomes ranking is based on measures of mortality and morbidity. Each county's ranks for mortality and morbidity are displayed here. The mortality rank, representing length of life, is based on a measure of premature death: the years of potential life lost prior to age 75.

The morbidity rank is based on measures that represent health-related quality of life and birth outcomes. We combine four morbidity measures: self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birthweight.

Rank	Mortality	Morbidity
1	Franklin	Hancock
2	Sagadahoc	Knox
3	Cumberland	Franklin
4	Lincoln	Cumberland
5	Hancock	York
6	York	Sagadahoc
7	Knox	Lincoln
8	Piscataquis	Waldo
9	Waldo	Washington
10	Kennebec	Kennebec
11	Aroostook	Penobscot
12	Penobscot	Piscataquis
13	Somerset	Androscoggin
14	Androscoggin	Aroostook
15	Oxford	Oxford
16	Washington	Somerset

Health Factors Rankings

The summary health factors ranking is based on four factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. Health behaviors include measures of smoking, diet and exercise, alcohol use, and risky sex behavior. Clinical

care includes measures of access to care and quality of care. Social and economic factors include measures of education, employment, income, family and social support, and community safety. The physical environment includes measures of environmental quality and the built environment.

Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
1	Cumberland	Kennebec	Cumberland	Cumberland
2	Lincoln	Cumberland	Sagadahoc	Knox
3	Franklin	Franklin	York	York
4	Knox	Androscoggin	Hancock	Piscataquis
5	Hancock	Piscataquis	Penobscot	Sagadahoc
6	Sagadahoc	Lincoln	Kennebec	Franklin
7	York	York	Lincoln	Aroostook
8	Waldo	Sagadahoc	Knox	Somerset
9	Aroostook	Penobscot	Waldo	Waldo
10	Kennebec	Knox	Aroostook	Washington
11	Penobscot	Oxford	Androscoggin	Penobscot
12	Oxford	Aroostook	Franklin	Kennebec
13	Androscoggin	Hancock	Oxford	Oxford
14	Piscataquis	Washington	Washington	Androscoggin
15	Washington	Somerset	Somerset	Hancock
16	Somerset	Waldo	Piscataquis	Lincoln

2011 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2005-2007
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2003-2009
	Poor physical health days	Behavioral Risk Factor Surveillance System	2003-2009
	Poor mental health days	Behavioral Risk Factor Surveillance System	2003-2009
	Low birthweight	National Center for Health Statistics	2001-2007
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco	Adult smoking	Behavioral Risk Factor Surveillance System	2003-2009
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2008
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2003-2009
	Motor vehicle crash death rate	National Center for Health Statistics	2001-2007
High Risk Sexual Behavior	Sexually transmitted infections	National Center for Hepatitis, HIV, STD and TB Prevention	2008
	Teen birth rate	National Center for Health Statistics	2001-2007
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates, U.S. Census	2007
	Primary care providers	Health Resources & Services Administration	2008
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2006-2007
	Diabetic screening	Medicare/Dartmouth Institute	2006-2007
	Mammography screening	Medicare/Dartmouth Institute	2006-2007
SOCIOECONOMIC FACTORS			
Education	High school graduation	National Center for Education Statistics ¹	2006-2007
	Some college	American Community Survey	2005-2009
Employment	Unemployment	Bureau of Labor Statistics	2009
Income	Children in poverty	Small Area Income and Poverty Estimates, U.S. Census	2008
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2009
	Single-parent households	American Community Survey	2005-2009
Community Safety	Violent crime ²	Uniform Crime Reporting, Federal Bureau of Investigation	2006-2008
PHYSICAL ENVIRONMENT			
Air Quality ³	Air pollution-particulate matter days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2006
	Air pollution-ozone days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2006
Built Environment	Access to healthy foods	Census Zip Code Business Patterns	2008
	Access to recreational facilities	Census County Business Patterns	2008

¹ State data sources for KY, NH, NC, PA, SC, and UT (2008-2009).

² Homicide rate (2001-2007) from National Center for Health Statistics for AK, AZ, AR, CO, CT, GA, ID, IN, IA, KS, KY, LA, MN, MS, MT, NE, NH, NM, NC, ND, OH, SD, UT, and WV. State data source for IL.

³ Not available for AK and HI.

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