**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:

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  Health Outcomes
    Health Factors
      Programs and Policies
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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 Tennessee 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.
The maps on this page display Tennessee’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.
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.

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## 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.

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**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.

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

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<td>Access to recreational facilities</td>
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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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