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CONVENING

DEMYSTIFYING THE RANKINGS

Practical Applications for Effective Policymaking

Rankings can serve as a starting point for conversations about the health of our state and local communities. Each year, national organizations release several health-related rankings.

The rankings call attention to the wide gaps among states or counties in what matters for health. These gaps represent disparities in health outcomes and inequities of opportunity to live long and well. The rankings also demonstrate how important "place" is when it comes to health. By comparing states or counties, stark differences in health outcomes and the underlying factors that determine those outcomes are often seen. These differences exist even among areas that are in close proximity to one another, and sometimes persist for many years.

Using rankings and understanding their measures, methods, strengths and limitations can equip stakeholders across Kansas with the information they need to make effective decisions. The table on page 2 provides an overview of three well-known health-related rankings and how you might approach understanding and using the information presented to improve health. More detail on each ranking system, and examples of how they have been used by leaders in communities, state and local agencies or their partners, and elected officials, is then provided.

Helpful Tips When Interpreting Rankings:

The rank of a state or county depends on what is happening in other states or counties, meaning rankings are a relative measure of health.

To monitor progress over time, it is important to examine the underlying measures because not all changes in rank translate into actual declines or improvements in health.

The measures that are used to compile the rankings are diverse, and their sources and methodologies can change over time.

While the most recently available data are used in the rankings, the edition year of the ranking is not the same as the associated data year(s), meaning there is a lag in the data.

For some measures, multiple years of data are combined to achieve a sufficient sample size and provide a reliable estimate.

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Characteristics of Three Key Health-Related Rankings

	Mental Health in America Rankings (MHR)	America's Health Rankings (AHR)	County Health Rankings (CHR&R)
Who Publishes	Mental Health America	United Health Foundation	University of Wisconsin Population Health Institute
What is Published	Provides a snapshot of mental health status among youth and adults.	Provides a state-by-state analysis of the nation's health.	Provides a county-level snapshot of the multiple factors that influence how well and how long we live.
Most Recent Edition (Launch)	2021 (2015)	2020 (1990)	2021 (2010)
Usual Release	Fall	December	March
Unit of Analysis	State	State	County
Number of Data Sources	4 data sources	20 data sources	20+ data sources
Indicators	15 ranked measures	59 ranked measures (15 non-ranked measures)	35 ranked measures (32 non-ranked measures)
Domains	• Mental health issues • Substance use issues • Access to insurance • Access to adequate insurance • Access to and barriers to accessing mental health care	• Behaviors • Clinical care • Social and economic factors • Physical environment • Health outcomes	• Health behaviors • Clinical care • Social and economic factors • Physical environment • Health outcomes
Ranking	• Provides an overall ranking using a combined score of 15 measures for each state and the District of Columbia • Provides an adult ranking using a combined score of 7 measures • Youth (age 12-17) ranking using a combined score of 7 measures • Provides a Prevalence of Mental Illness Rankings using a combined score of 6 measures • Provides an Access to Care Ranking using a combined score of 9 measures • Provides a ranking of each measure individually	• Provides an overall ranking for each state and the District of Columbia • Provides a ranking of each specific measure and domains	• No single overall ranking for each county • Provides two sets of rankings, one for health outcomes and the other one for health factors • Provides six sub rankings: ◆ Length of life ◆ Quality of life ◆ Health behaviors ◆ Clinical care ◆ Social and economic factors ◆ Physical environment • Counties are only ranked within their respective state, relative to the health of other counties in the same state
Composite Scores and Weighting	• A standardized score is calculated for each measure • No weights are applied for any measure • State is ranked by sum of the standardized scores for all measures	• A standardized score is calculated for each measure • Each measure is weighted differently. • A state's total score is the sum of the score for each measure multiplied by its assigned weight and impact (positive or negative) on health • State is ranked by the sum of the standardized scores for all measures • If a state value is not available for a measure, either the value from the prior report is used or the score for that measure is set to zero.	• A standardized score is calculated for each measure • Each measure is weighted based on relative importance • The ranks are then calculated based on weighted sums of the standardized measures within each county • If a county value is not available for a measure, the state average of all remaining counties with reliable data is assigned to calculate a rank for that category
Selection of Measures	• Data that are publicly available and most recently available (within past 3-5 years) • Data available for the unit of analysis (state- or county-level) • The measure is scientifically supported in literature • The measure draws from data sources that are valid, reliable, recognized and used by others		
Data Years	The rankings report year is not the same as the year of the data used. For example, the 2021 report year might use data from 2017-2018. In addition, for some measures, multiple years of data are combined to have sufficient sample size (e.g., the 2021 report might combine data from 2013-2019).		
Limitations	Rankings are relative. A small difference in a measure value may have a significant effect on rank. Not all changes in rank translate into actual declines or improvements in health. Care should be taken when looking across years. If reviewing multiple years of data, ensure that the measure and its definition have remained constant.		
How it Is Actionable	• Identify issues • Inform policymaking • Conduct annual review of programs or services • Develop grant applications • Conduct strategic planning • Convene communities and stakeholders • Perform Community Health (Needs) Assessments and develop Health Improvement Plans • Establish work groups or task forces		

Source: Mental Health America Rankings, America's Health Rankings and County Health Rankings & Roadmaps.

Mental Health America Rankings

Founded in 1909, Mental Health America (MHA) began publishing an annual report called *The State of Mental Health in America* in 2015. The report ranks all 50 states and the District of Columbia, providing a state-by-state analysis of mental health status in America. The report is released annually in the fall around September or October.

Goals:

- To provide a snapshot of mental health status among youth and adults for policy and program planning, analysis, and evaluation;
- To track changes in prevalence of mental health issues and access to mental health care;
- To understand how changes in national data reflect the impact of legislation and policies; and
- To increase dialogue with and improve outcomes for individuals and families with mental health needs.

2021 Measures

1. Adults with Any Mental Illness (AMI)
2. Adults with Substance Use Disorder in the Past Year
3. Adults with Serious Thoughts of Suicide
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth with Substance Use Disorder in the Past Year
6. Youth with Severe MDE
7. Adults with AMI who Did Not Receive Treatment
8. Adults with AMI Reporting Unmet Need
9. Adults with AMI who are Uninsured
10. Adults with Disability who Could Not See a Doctor Due to Costs
11. Youth with MDE who Did Not Receive Mental Health Services
12. Youth with Severe MDE who Received Some Consistent Treatment
13. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
14. Students Identified with Emotional Disturbance for an Individualized Education Program
15. Mental Health Workforce Availability

Model:

Data sources: The MHA overall ranking primarily uses national data from surveys, including the National Survey on Drug Use and Health (NSDUH) and the Behavioral Risk Factor Surveillance System (BRFSS). A full list of sources by indicator is available HERE.

Domains and Topic Areas: The ranking focuses on five main areas: mental health issues, substance use issues, access to insurance, access to adequate insurance and access to and barriers to accessing mental health care. Examples of measures include reporting unmet need, thoughts of suicide and received some consistent treatment.

Rankings Approach: The rankings are compiled using percentages, or rates, of 15 select measures for each state and Washington D.C. using the most recently available data (or multiple years of data). The overall, adult, youth (age 12-17), prevalence, and access rankings are compiled by calculating a standardized score for each measure and then ranking the sum of the standardized scores, referred to as a composite estimate. All measures are considered equally important, and no weights are given to any measure in the rankings. In addition, each measure is ranked individually.

How it's Used:

The MHA uses national survey data to provide a foundation for understanding the prevalence of mental health concerns, mental health needs, access to care, and outcomes. The MHA rankings could help assess how federal and state mental health policies affect access to care. During the 2020 interim session, the Special Committee on Mental Health Modernization and Reform included the following MHA ranking measures for Kansas in their final report to the 2020 Legislature: overall, adult overall, youth overall, adults with any mental illness (AMI) who report unmet needs and youth with at least one major depressive episode who did not receive mental health services.

Key Resources Available:

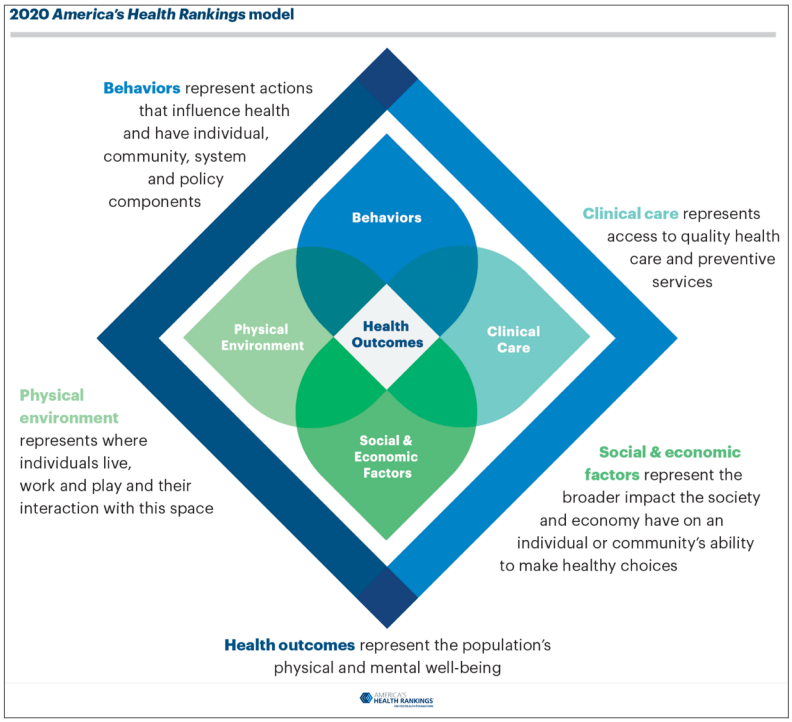
- Annual Report 2021
- Past Reports — 2015-2020
- Kansas Health Institute facilitation of the Special Committee on Mental Health Modernization and Reform Working Groups

America's Health Rankings

For 30 years, the United Health Foundation has published America's Health Rankings (AHR). The rankings are built upon the World Health Organization definition of health: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." The report ranks all 50 states and the District of Columbia, providing a state-by-state analysis of the nation's health. The report typically is released annually in December. The 2020 report was developed in partnership with the American Public Health Association (APHA).

Goals:

- To stimulate action by individuals, elected officials, health care professionals, public health professionals, employers, educators, and communities to improve the health of the US population; and
- To prompt conversation regarding health, health drivers, disparities and provides information to facilitate community participation.



Model:

Data sources: AHR uses 20 data sources, available HERE.

Domains and Topic Areas: In 2020, AHR launched a new model (above) to more effectively demonstrate the impact of social determinants on health and the need for cross-sector collaboration in order to improve health outcomes and population health. The new model divides the original model's community & environment category into two categories: social & economic factors and physical environment. The policy category from the original model was removed, and measures in the original categories were shifted to a relevant category in the new model or dropped. Additionally, the new rankings model consists of four drivers or determinants of health: behaviors, social & economic factors, physical environment and clinical care. These influence health outcomes, shown in the center of the diagram.

AHR uses 74 measures from 20 data sources. Examples of measures include adverse childhood experiences, avoided care due to cost, climate policies, crowded housing, e-cigarette use and income inequality.

Rankings Approach: The state health rankings are a composite index of state-level population health measures. Each measure is ranked by the states' values, with one being the healthiest value and 50 the least healthy value.

How it's Used:

In 2020, drawing on information from the 2019 AHR report, Kansas Department of Health and Environment (KDHE) Secretary Lee Norman presented the "State of the Health of Kansas" to the Kansas Legislature.

The AHR model allows leaders to consider several factors that could impact the health of a state. In 2013, Kansas was one of the five states to participate in learning collaborative supported by the Association of State and Territorial Health Officials (ASTHO) and the United Health Foundation (UHF). As part of these efforts, KDHE and the Governor's Council on Fitness (GCOF) worked to strengthen Get Active Kansas! The partners leveraged existing initiatives in Kansas to recruit and train volunteers across the state. The volunteers then not only modeled good physical activity behavior, but also surveyed the local landscape for existing assets and resources for promoting active transport to and from schools.

Key Resources Available:

- Annual Report
- 2020 Health of Women and Children
- 2020 Health of Those Who Have Served
- 2020 Senior Health

**Out of the shared understanding that the whole country is facing significant and unprecedented health challenges due to the COVID-19 pandemic, America's Health Rankings has chosen not to include a state's ranking (overall) in this year's Annual Report.*

County Health Rankings and Roadmaps

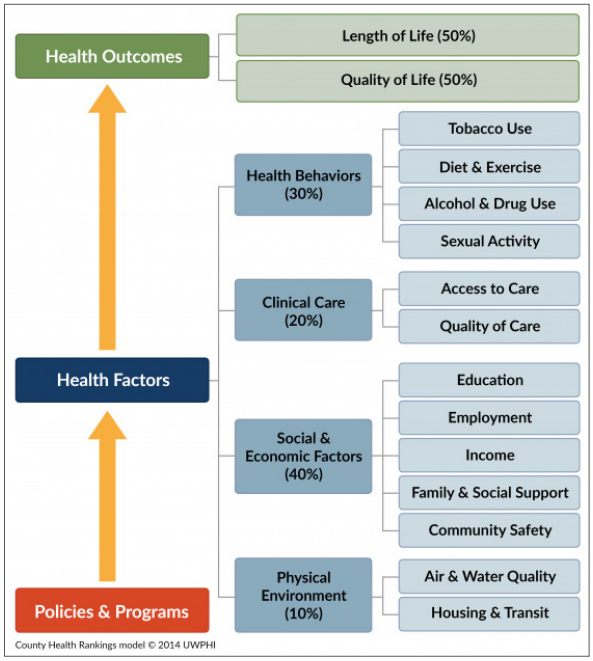
Since 2010, the County Health Rankings and Roadmaps (CHR&R) program data have consistently demonstrated fundamental differences across and within counties in opportunities for health. The CHR&R program provides an easy-to-use, county-level data snapshot of the multiple factors that influence how well and how long we live. The CHR&R is a program of the University of Wisconsin Population Health Institute with support provided by the Robert Wood Johnson Foundation. The 2021 CHR&R data were released March 31.

Goals:

- To build awareness of the multiple factors that influence health;
- To provide a reliable, sustainable source of local data and evidence to communities to help them identify opportunities to improve their health;
- To engage and activate local leaders from many sectors in creating sustainable community change; and
- To connect and empower community leaders working to improve health.

Model:

Data sources: A variety of national data sources are used. A full list for 2021 is HERE.



Domains and Topic Areas: The CHR&R model emphasizes the many factors that influence how long and how well we live. The model uses more than 30 measures that help communities understand the health of their communities within two primary domains:

- Health Outcomes: How healthy are community members in a county now?
- Health Factors: What are the opportunities for community members to be healthy in the future?

The Health Outcomes domain includes five measures in two categories: (1) length of life; and (2) quality of life. The Health Factors domain includes 30 measures in four categories: (1) health behaviors; (2) clinical care; (3) social and economic factors; and (4) physical environment.

Rankings Approach: The rankings are compiled using county-level measures from a variety of national data sources. These measures are standardized, combined and weighted to reflect the relative contribution to overall health. Counties are ranked within each state, and two overall ranks are calculated—one for each of the two domains. Sub-rankings also are calculated for each of the categories within the domains.

How it's Used:

The CHR&R program is about more than just the data. The site also features What Works for Health, a comprehensive database of evidence-informed strategies to support local change-makers as they take steps toward expanding opportunities. Each strategy is rated for its evidence of effectiveness and likely impact on health disparities. Curated strategy lists provide helpful resources around specific topics and themes, climate change, violence prevention and community safety, and COVID-19 recovery.

Having a centralized repository of strategies can be very helpful for communities wanting to take action to improve health. One such community is Wyandotte County, Kansas. After having been at the bottom of the County Health Rankings, the community was motivated to create in 2010 the Healthy Communities Wyandotte Initiative. Early work was focused on addressing five key areas: community relations, education for a healthy community, healthy environmental infrastructure, healthy food and health services. Healthy Communities Wyandotte has continued to evolve to meet the needs of the community. For more information, read HERE.

Allen County, Kansas, also tells a story of being motivated by the County Health Rankings. Seeing the impact of poverty on the well-being of residents served as a catalyst for the community to set a goal to be the healthiest rural county in Kansas. Their efforts to promote health and wellness, recreation, education and economic development garnered the community in 2017 a Culture of Health Prize from the Robert Wood Johnson Foundation. To learn more about their story, read HERE.

Key Resources Available:

- 2021 Kansas County Health Rankings Overview
- 2021 Kansas Summary Report
- Take Action to Improve Health
- What Works for Health
- Frequently Asked Questions
- Kansas Health Institute 2021 County Health Rankings: County Profiles