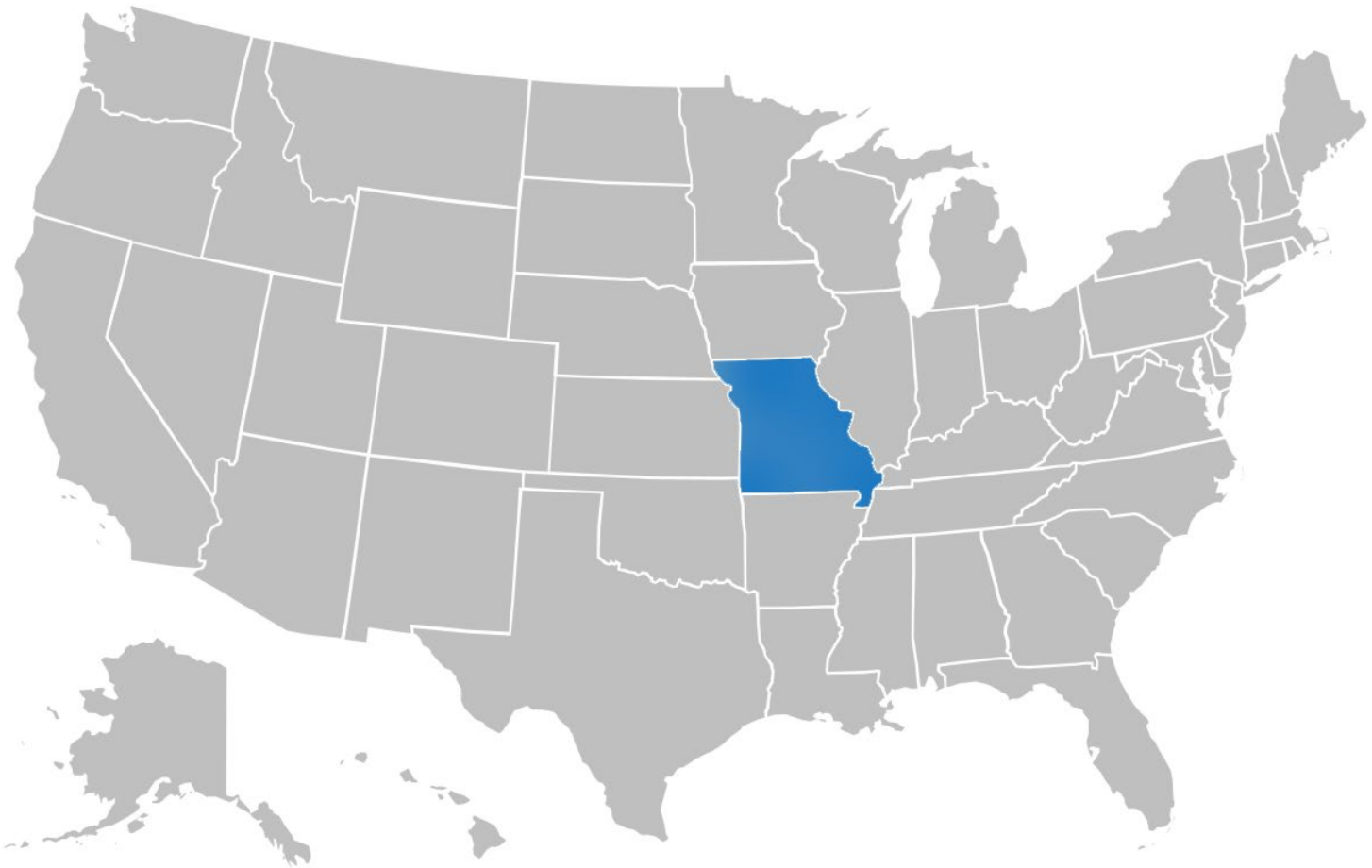
County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

Missouri



2020 County Health Rankings Report

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

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

Support provided by
Robert Wood Johnson Foundation

2020 County Health Rankings for the 115 Ranked Counties in Missouri

County	Health Outcomes	Health Factors
Adair	67	23
Andrew	8	9
Atchison	12	10
Audrain	72	63
Barry	75	73
Barton	47	70
Bates	52	74
Benton	82	93
Bollinger	74	78
Boone	10	5
Buchanan	66	88
Butler	106	107
Caldwell	42	46
Callaway	23	32
Camden	33	33
Cape Girardeau	44	14
Carroll	58	39
Carter	100	106
Cass	9	13
Cedar	64	82
Chariton	22	17
Christian	6	7
Clark	20	59
Clay	3	4
Clinton	17	19
Cole	16	8
Cooper	28	18
Crawford	98	99
Dade	70	41
Dallas	84	94
Daviess	5	80
DeKalb	19	47
Dent	83	81
Douglas	76	95
Dunklin	114	114
Franklin	48	24
Gasconade	41	26
Gentry	25	11
Greene	38	21
Grundy	88	50
Harrison	54	66
Henry	71	71
Hickory	108	91
Holt	29	12
Howard	68	20
Howell	80	86
Iron	103	96
Jackson	53	77
Jasper	56	49
Jefferson	57	30
Johnson	11	40
Knox	55	57
Laclede	89	84
Lafayette	27	28
Lawrence	81	60
Lewis	95	43
Lincoln	39	75
Linn	94	65
Livingston	43	37
Macon	36	25
Madison	96	68
Maries	60	53
Marion	37	42
McDonald	92	102
Mercer	59	38
Miller	51	69
Mississippi	113	112
Moniteau	4	36
Monroe	24	31
Montgomery	77	58
Morgan	85	90
New Madrid	112	110
Newton	45	54
Nodaway	13	27
Oregon	107	101
Osage	7	1
Ozark	102	97
Pemiscot	115	115
Perry	15	29
Pettis	50	89
Phelps	69	55
Pike	61	79
Platte	1	3
Polk	30	61
Pulaski	35	35
Putnam	93	34
Ralls	18	22
Randolph	62	85
Ray	49	62
Reynolds	97	72
Ripley	111	111
Saline	46	48
Schuyler	26	87
Scotland	14	64
Scott	101	100
Shannon	99	108
Shelby	86	16
St. Charles	2	2
St. Clair	40	98
St. Francois	78	83
St. Louis	34	6
St. Louis City	110	113
Ste. Genevieve	21	51
Stoddard	90	92
Stone	91	56
Sullivan	63	44
Taney	73	76
Texas	79	103
Vernon	87	52
Warren	32	45
Washington	109	105
Wayne	104	109
Webster	31	67
Worth	65	15
Wright	105	104

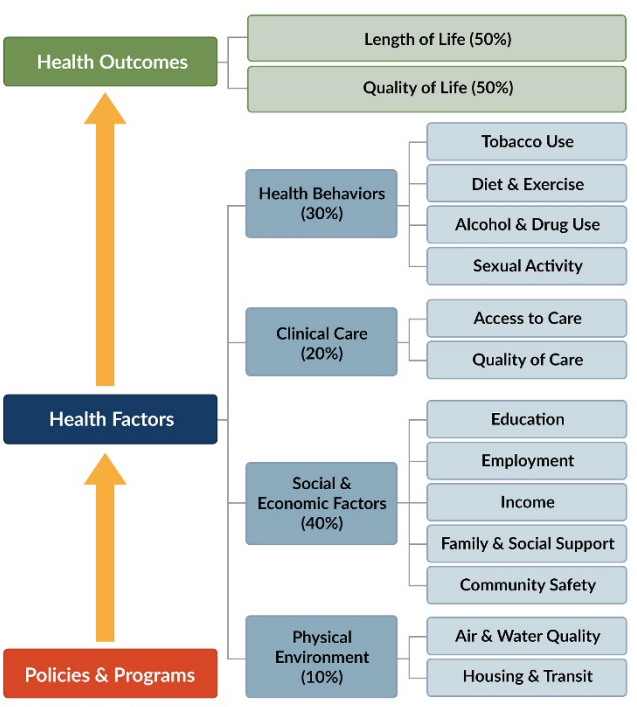
For more information on how these ranks are calculated, view the tables at the end of this report and visit **www.countyhealthrankings.org**

The County Health Rankings & Roadmaps (CHR&R) lifts up actionable data, evidence, guidance, and stories for communities to make it easier for people to be healthy in their neighborhoods, schools, and workplaces. Ranking the health of nearly every county in the nation (based on the model below), CHR&R illustrates what we currently know when it comes to what is keeping people healthy or making them sick and shows what we can do to create healthier places to live, learn, work, and play.

What are the County Health Rankings?

Published online at **www.countyhealthrankings.org**, the Rankings help us understand what influences our health and how long and well we live. The Rankings are unique in their ability to provide measures of the current overall health of each county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, children in poverty, and teen births.

For the past 10 years, communities have used the Rankings to garner support for local health improvement initiatives by engaging government agencies, health care providers, community organizations, business leaders, policymakers, and the public.



Moving with Data to Action

The **Take Action to Improve Health** section of our website helps communities join together to look at the many factors influencing health, select strategies that work, and make changes that can have a lasting impact. Take Action to Improve Health is a hub for information to help any community member or leader who wants to improve their community's health and foster health equity. You will find:

- **What Works for Health**, a searchable menu of evidence-informed strategies that can make a difference locally;
- **The Action Center**, your home for step-by-step guidance and tools to help you move with data to action;
- **Action Learning Guides**, self-directed learning modules combining guidance, tools, and hands-on practice and reflection activities on specific topics;
- **The Partner Center**, information to help you identify the right partners and explore tips to engage them.

Ensuring Healthy Places for All

Communities thrive when all people can be healthy in their neighborhoods, schools, and workplaces. CHR&R brings actionable data and strategies to communities working to ensure that healthy places are available to all. Pages 4 and 5 of this report highlights how health outcomes and health factors differ by place within your state. On pages 6 and 7, we illustrate how health differs among racial/ethnic groups within places.

The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation.

What are Health Outcomes?

Everyone wants to experience long and healthy lives, yet places have different resources and opportunities. To understand the health outcomes in a community, we measure both length and quality of life by county within Missouri.

Length of Life

- Premature death *(years of potential life lost before age 75)*

Quality of Life

- Self-reported health status
- Percent of low birthweight newborns

How Do Counties Rank for Health Outcomes?

The green map shows the distribution of Missouri's **health outcome ranks** across counties. The map is divided into four quartiles with less color intensity indicating better health outcomes in the respective summary rankings. Specific county ranks can be found in the table on page 2.

Detailed information on the measures and their associated weights is available on page 9. You can also learn about how we calculate health outcome ranks at **www.countyhealthrankings.org**.

What Do Differences Between Ranks Mean?

Counties are ordered by the health outcome rank, with a top-ranked county (rank = 1) having the best health outcome score. Ranks are easy to communicate, but they mask differences in health within counties and from one ranked county to the next. The chart next to the map shows the spread of health outcome scores (ranks) for each county (green circles) in Missouri. This graphic shows the size of the gap *between* ranked counties. The different background colors correspond to the four quartiles used in the map.

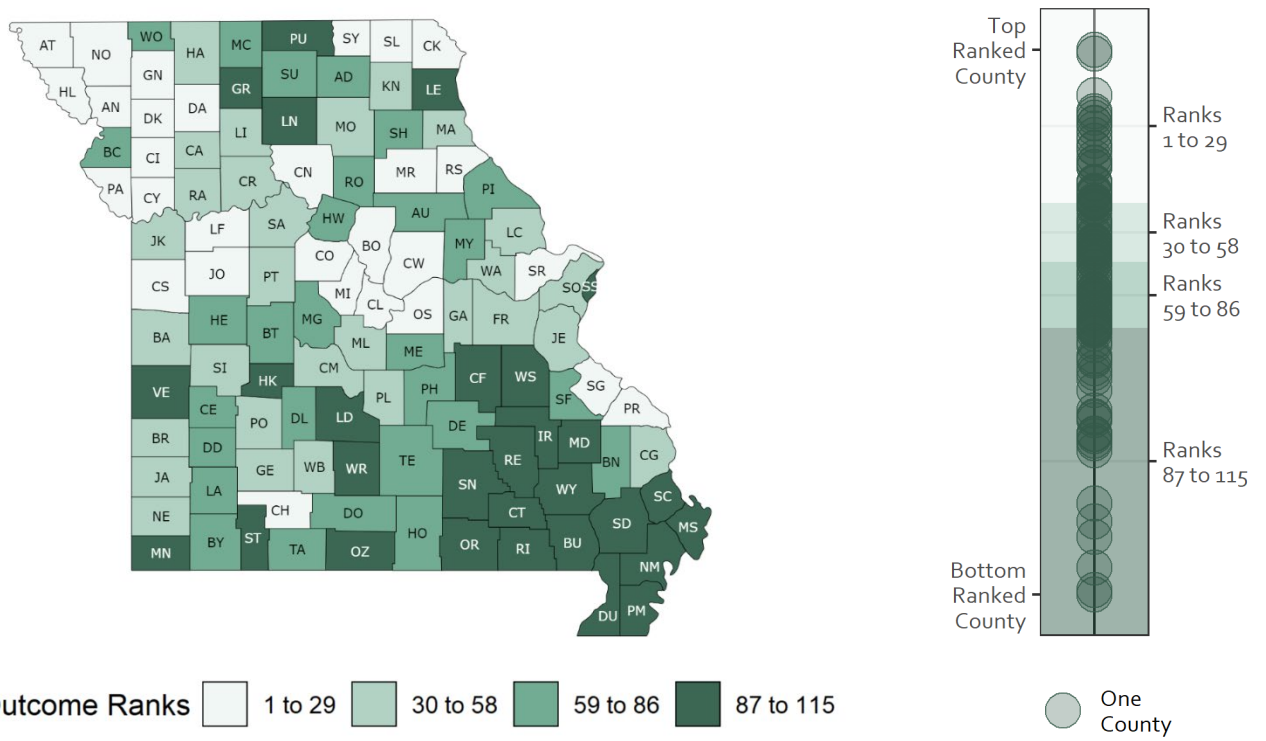


Figure 1. Health outcome ranks displayed using quartiles (map) and underlying health outcome scores (chart)

What are Health Factors?

Many factors shape our opportunities to be healthy and influence how well and how long we live. Health factors represent the things we can change to improve health for all, like opportunities for quality education, good paying jobs, access to quality clinical care, healthy foods, green spaces, and secure and affordable housing. We measure four health factor areas.

Health Behaviors	Clinical Care	Social and Economic Factors	Physical Environment
Tobacco use	Access to care	Education	Air & water quality
Diet & exercise	Quality of care	Employment & income	Housing & transit
Alcohol & drug use		Family & social support	
Sexual activity		Community safety	

How Do Counties Rank for Health Factors?

The blue map shows the distribution of Missouri's **health factor ranks** across counties. The map is divided into four quartiles with less color intensity indicating better health factors in the respective summary rankings. Specific county ranks can be found in the table on page 2.

Detailed information on the measures and their associated weights is available on page 9. You can also learn about how we calculate health factor ranks, at **www.countyhealthrankings.org**.

What Do Differences Between Ranks Mean?

Counties are ordered by the health factor rank, with a top-ranked county (rank = 1) having the best health factor score. As previously noted, ranks mask differences in the opportunity for health within counties and from one county to the next. The chart next to the map shows the spread of health factor scores (ranks) for each ranked county (blue circles) in Missouri. This graphic shows the size of the gap *between* ranked counties. The different background colors correspond to the four quartiles used in the map.

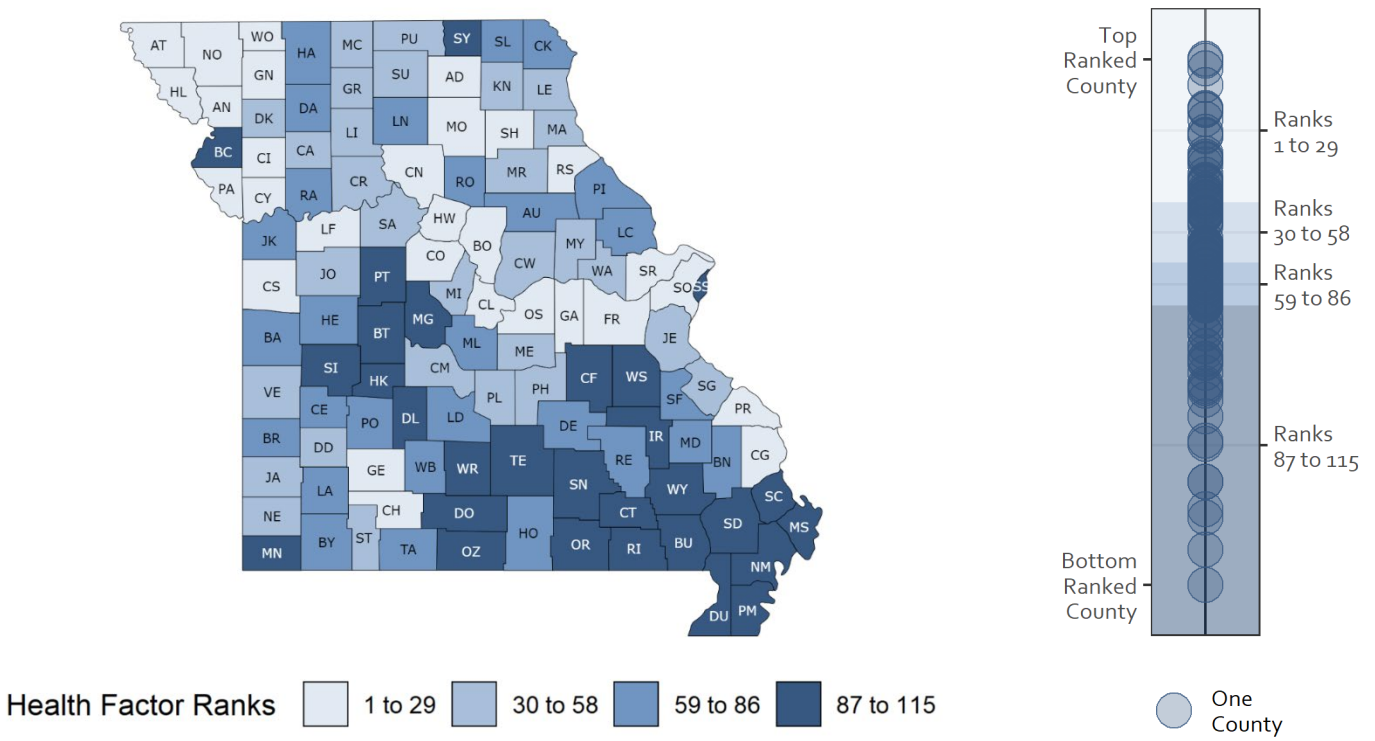


Figure 2. Health factor ranks displayed using quartiles (map) and underlying health factor scores (chart)

Growing Healthy Places Means Ensuring Opportunities for All

Health is influenced by every aspect of how and where we live. Access to secure and affordable housing, safe neighborhoods, good paying jobs and quality early childhood education are examples of important factors that can put people on a path to a healthier life. But access to these opportunities often looks different based on where you live, the color of your skin, or the circumstances you were born into. Data show a persistent pattern in barriers to opportunity for people with lower incomes and for communities of color across the United States. Patterned differences in a range of health factors emerge from unfair policies and practices at many levels and over many decades.

Copyright 2019 Brian Adams. Photo courtesy of the Robert Wood Johnson Foundation.

A Pattern of Unfair Differences Exists for People with Lower Incomes and Communities of Color in:

- Access to Care
- Air and Water Quality
- Availability of Healthy Foods
- Community Safety
- Educational Supports
- Employment Opportunities
- Housing Opportunities
- Income
- Quality of Care

Using Data for Action

Achieving health equity means reducing and ultimately eliminating unjust and avoidable differences in opportunity and health. Our progress toward health equity will be measured by how health disparities change over time. Visit **www.countyhealthrankings.org** to learn more about:

1. Health outcome and factor measures for your state and county;
2. Measures that have data available for racial and ethnic groups to illuminate differences in opportunities for health in your state and county;
3. Additional data resources for Missouri that provide information about health and opportunity among other subgroups, such as gender, age, or zip code.

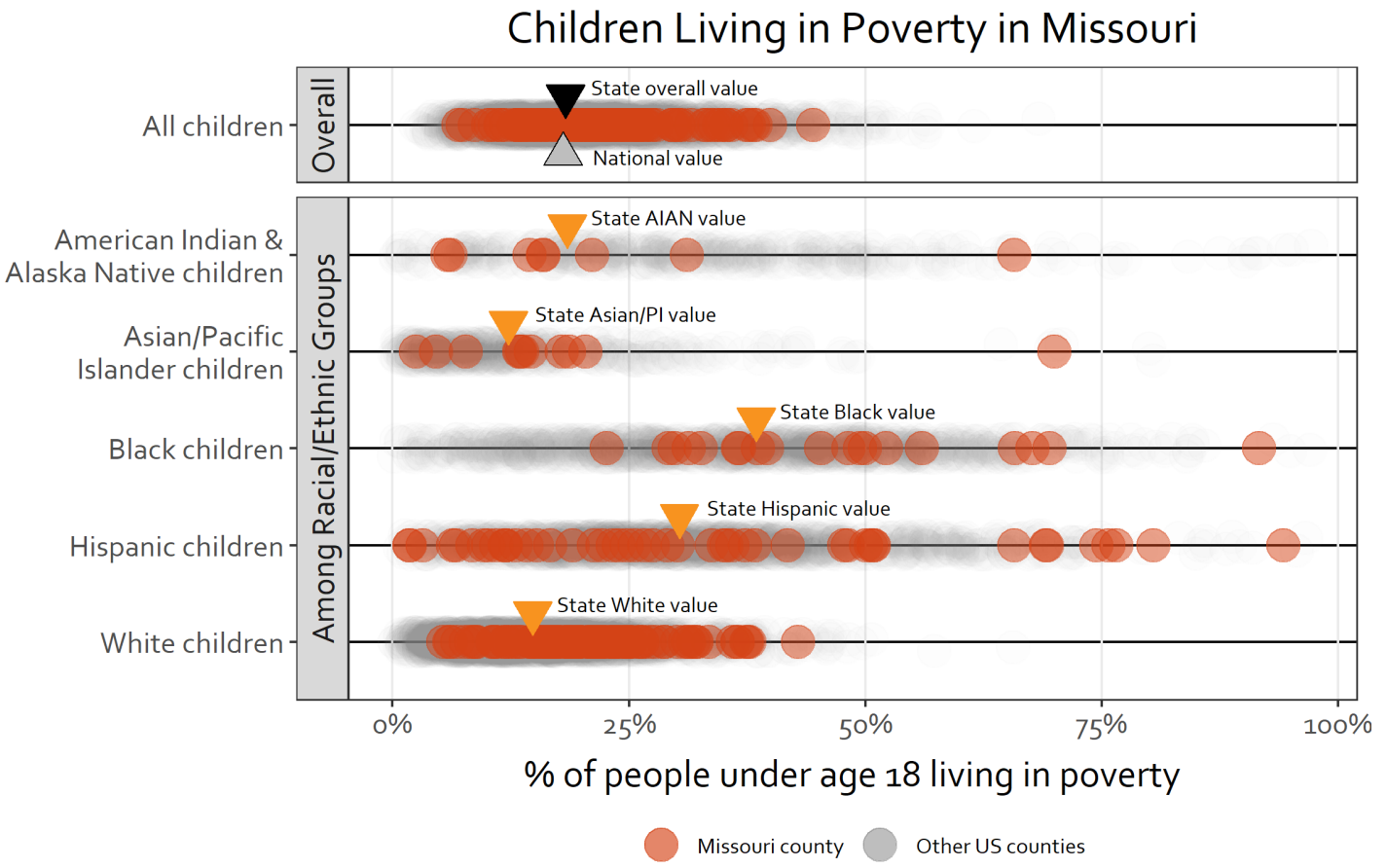
What Has Been Done Can Be Undone

Many communities are mobilizing state and local efforts to harness the collective power of community members, partners, and policymakers – working together to dismantle unfair patterns and ensure the growth of healthy places for all. To learn from others who are igniting possibilities and inspiring action, visit our **Learn from Others** page at www.countyhealthrankings.org.

Opportunities for Health Within Missouri Counties

A healthy beginning is essential to a healthy future for our children and our communities. **Children in poverty** is a measure of both current and future opportunities for the health of the community. Patterns of unfair and avoidable differences at the local, state, and national level exist among racial and ethnic groups for children living in poverty.

The graphic below shows the patterns of children living in poverty for individual counties in Missouri and among racial and ethnic groups within counties of Missouri. It also shows the data for all counties across the nation in the gray circles beneath the Missouri data.



Note: Extreme values or missing/suppressed values can occur in places with small populations.

Key Takeaways for Children Living in Poverty in Missouri

Overall

- 18% of Missouri children are living in poverty, similar to the national average.
- Rates for children living in poverty range from 7% to 45% across Missouri counties.

Among Racial & Ethnic Groups

- Rates for children living in poverty differ among racial and ethnic groups in Missouri and the nation.
- In Missouri, state values (orange triangles) range from 12% for Asian/Pacific Islander children to 38% for Black children.
- Within Missouri counties (orange circles) and US counties (gray circles), rates of children living in poverty also vary among racial and ethnic groups.

Want to learn more? Visit our State Reports page at *www.countyhealthrankings.org* to interact with the data and explore patterns in other measures by place and among racial and ethnic groups.

2020 County Health Rankings for Missouri: Measures and National/State Results

Measure	Description	US	MO	MO Minimum	MO Maximum
HEALTH OUTCOMES					
Premature death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	6,900	8,400	5,600	13,800
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted).	17%	18%	14%	31%
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	3.8	4.2	3.4	6.3
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	4.0	4.4	3.8	5.6
Low birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	8%	8%	4%	13%
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	Percentage of adults who are current smokers.	17%	21%	16%	27%
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.	29%	32%	22%	45%
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	7.6	6.8	4.2	8.6
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity.	23%	26%	20%	44%
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity.	84%	77%	5%	98%
Excessive drinking	Percentage of adults reporting binge or heavy drinking.	19%	20%	14%	24%
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	28%	27%	0%	60%
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population.	524.6	534.6	94.8	1,305.5
Teen births*	Number of births per 1,000 female population ages 15-19.	23	26	5	61
CLINICAL CARE					
Uninsured	Percentage of population under age 65 without health insurance.	10%	11%	6%	23%
Primary care physicians	Ratio of population to primary care physicians.	1,330:1	1,430:1	17,580:1	820:1
Dentists	Ratio of population to dentists.	1,450:1	1,720:1	3,640:0	850:1
Mental health providers	Ratio of population to mental health providers.	400:1	510:1	13,710:1	250:1
Preventable hospital stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	4,535	4,800	2,032	9,621
Mammography screening*	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	42%	43%	26%	57%
Flu vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	46%	45%	14%	60%
SOCIAL & ECONOMIC FACTORS					
High school graduation	Percentage of ninth-grade cohort that graduates in four years.	85%	91%	80%	100%
Some college	Percentage of adults ages 25-44 with some post-secondary education.	66%	67%	33%	80%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	3.9%	3.2%	2.3%	5.5%
Children in poverty*	Percentage of people under age 18 in poverty.	18%	18%	7%	45%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	4.9	4.6	3.4	6.5
Children in single-parent households	Percentage of children that live in a household headed by single parent.	33%	33%	14%	61%
Social associations	Number of membership associations per 10,000 population.	9.3	11.8	4.2	28.4
Violent crime	Number of reported violent crime offenses per 100,000 population.	386	481	0	1,820
Injury deaths*	Number of deaths due to injury per 100,000 population.	70	88	46	144
PHYSICAL ENVIRONMENT					
Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	8.6	9.7	9.0	12.1
Drinking water violations	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	N/A	N/A	No	No
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	18%	14%	5%	22%
Driving alone to work*	Percentage of the workforce that drives alone to work.	76%	82%	59%	88%
Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	36%	32%	12%	56%

* Indicates subgroup data by race and ethnicity is available

2020 County Health Rankings: Ranked Measure Sources and Years of Data

	Measure	Weight	Source	Years of Data
HEALTH OUTCOMES				
Length of Life	Premature death*	50%	National Center for Health Statistics - Mortality Files	2016-2018
Quality of Life	Poor or fair health	10%	Behavioral Risk Factor Surveillance System	2017
	Poor physical health days	10%	Behavioral Risk Factor Surveillance System	2017
	Poor mental health days	10%	Behavioral Risk Factor Surveillance System	2017
	Low birthweight*	20%	National Center for Health Statistics - Natality files	2012-2018
HEALTH FACTORS				
HEALTH BEHAVIORS				
Tobacco Use	Adult smoking	10%	Behavioral Risk Factor Surveillance System	2017
Diet and Exercise	Adult obesity	5%	United States Diabetes Surveillance System	2016
	Food environment index	2%	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2015 & 2017
	Physical inactivity	2%	United States Diabetes Surveillance System	2016
	Access to exercise opportunities	1%	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2019
Alcohol and Drug Use	Excessive drinking	2.5%	Behavioral Risk Factor Surveillance System	2017
	Alcohol-impaired driving deaths	2.5%	Fatality Analysis Reporting System	2014-2018
Sexual Activity	Sexually transmitted infections	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2017
	Teen births*	2.5%	National Center for Health Statistics - Natality files	2012-2018
CLINICAL CARE				
Access to Care	Uninsured	5%	Small Area Health Insurance Estimates	2017
	Primary care physicians	3%	Area Health Resource File/American Medical Association	2017
	Dentists	1%	Area Health Resource File/National Provider Identification file	2018
	Mental health providers	1%	CMS, National Provider Identification	2019
Quality of Care	Preventable hospital stays*	5%	Mapping Medicare Disparities Tool	2017
	Mammography screening*	2.5%	Mapping Medicare Disparities Tool	2017
	Flu vaccinations*	2.5%	Mapping Medicare Disparities Tool	2017
SOCIAL & ECONOMIC FACTORS				
Education	High school graduation	5%	Missouri Department of Elementary & Secondary Education	2017-2018
	Some college	5%	American Community Survey, 5-year estimates	2014-2018
Employment	Unemployment	10%	Bureau of Labor Statistics	2018
Income	Children in poverty*	7.5%	Small Area Income and Poverty Estimates	2018
	Income inequality	2.5%	American Community Survey, 5-year estimates	2014-2018
Family and Social Support	Children in single-parent households	2.5%	American Community Survey, 5-year estimates	2014-2018
	Social associations	2.5%	County Business Patterns	2017
Community Safety	Violent crime	2.5%	Uniform Crime Reporting - FBI	2014&2016
	Injury deaths*	2.5%	National Center for Health Statistics - Mortality Files	2014-2018
PHYSICAL ENVIRONMENT				
Air and Water Quality	Air pollution - particulate matter[+]	2.5%	Environmental Public Health Tracking Network	2014
	Drinking water violations	2.5%	Safe Drinking Water Information System	2018
Housing and Transit	Severe housing problems	2%	Comprehensive Housing Affordability Strategy (CHAS) data	2012-2016
	Driving alone to work*	2%	American Community Survey, 5-year estimates	2014-2018
	Long commute - driving alone	1%	American Community Survey, 5-year estimates	2014-2018

* Indicates subgroup data by race and ethnicity is available

[+] Not available for AK and HI

2020 County Health Rankings: Additional Measure Sources and Years of Data

	Measure	Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Life expectancy*	National Center for Health Statistics - Mortality Files	2016-2018
	Premature age-adjusted mortality*	National Center for Health Statistics - Mortality Files	2016-2018
	Child mortality*	National Center for Health Statistics - Mortality Files	2015-2018
	Infant mortality*	National Center for Health Statistics - Mortality Files	2012-2018
Quality of Life	Frequent physical distress	Behavioral Risk Factor Surveillance System	2017
	Frequent mental distress	Behavioral Risk Factor Surveillance System	2017
	Diabetes prevalence	United States Diabetes Surveillance System	2016
	HIV prevalence	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2016
HEALTH FACTORS			
HEALTH BEHAVIORS			
Diet and Exercise	Food insecurity	Map the Meal Gap	2017
	Limited access to healthy foods	USDA Food Environment Atlas	2015
Alcohol and Drug Use	Drug overdose deaths*	National Center for Health Statistics - Mortality Files	2016-2018
	Motor vehicle crash deaths*	National Center for Health Statistics - Mortality Files	2012-2018
Other Health Behaviors	Insufficient sleep	Behavioral Risk Factor Surveillance System	2016
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates	2017
	Uninsured children	Small Area Health Insurance Estimates	2017
	Other primary care providers	CMS, National Provider Identification	2019
SOCIAL & ECONOMIC FACTORS			
Education	Disconnected youth	American Community Survey, 5-year estimates	2014-2018
	Reading scores*+	Stanford Education Data Archive	2016
	Math scores*+	Stanford Education Data Archive	2016
Income	Median household income*	Small Area Income and Poverty Estimates	2018
	Children eligible for free or reduced price lunch	National Center for Education Statistics	2017-2018
Family and Social Support	Residential segregation - Black/White	American Community Survey, 5-year estimates	2014-2018
	Residential segregation - non-White/White	American Community Survey, 5-year estimates	2014-2018
Community Safety	Homicides*	National Center for Health Statistics - Mortality Files	2012-2018
	Suicides*	National Center for Health Statistics - Mortality Files	2014-2018
	Firearm fatalities*	National Center for Health Statistics - Mortality Files	2014-2018
	Juvenile arrests+	Easy Access to State and County Juvenile Court Case Counts	2017
PHYSICAL ENVIRONMENT			
Housing and Transit	Traffic volume	EJSCREEN: Environmental Justice Screening and Mapping Tool	2018
	Homeownership	American Community Survey, 5-year estimates	2014-2018
	Severe housing cost burden	American Community Survey, 5-year estimates	2014-2018

*Indicates subgroup data by race and ethnicity is available.

+ Not available in all states

See additional contextual demographic information and measures online at **www.countyhealthrankings.org**

Technical Notes and Glossary of Terms

What is health equity? What are health disparities? And how do they relate?

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Health disparities are differences in health or in the key determinants of health such as education, safe housing, and discrimination, which adversely affect marginalized or excluded groups.

Health equity and health disparities are closely related to each other. Health equity is the ethical and human rights principle or value that motivates us to eliminate health disparities. Reducing and ultimately eliminating disparities in health and its determinants of health is how we measure progress toward health equity.

Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What is Health Equity? And What Difference Does a Definition Make? Robert Wood Johnson Foundation. May 2017

How do we define racial and ethnic groups?

In our analyses by race and ethnicity we define each category as follows:

- Hispanic includes those who identify themselves as Mexican, Puerto Rican, Cuban, Central or South American, other Hispanic, or Hispanic of unknown origin and can be of any racial background.
- American Indian & Alaska Native (AIAN) includes people who identify themselves as American Indian or Alaska Native.
- Asian/Pacific Islander (Asian/PI) includes people who identify themselves as Asian or Pacific Islander.
- Black includes people who identify themselves as Black or African American.
- White includes people who identify themselves as White and do not identify as Hispanic.

Our analyses do not include people reporting more than one race, as this category was not measured uniformly across the data sources used in the County Health Rankings. These racial and ethnic categories can mask variation within groups and can hide historical context that underlies health differences.

We recognize that “race” is a social category, meaning the way society may identify individuals based on their cultural ancestry, not a way of characterizing individuals 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.

How do we rank counties?

To calculate the ranks, we first standardize each of the measures using z-scores. Z-scores allow us to combine multiple measures because the measures are now on the same scale. The ranks are then calculated based on weighted sums of the measure z-scores within each state to create an aggregate z-score. The county with the best aggregate z-score (healthiest) gets a rank of #1 for that state. The aggregate z-scores are graphed next to the maps for health outcomes and health factors on pages 4 and 5 to show the distribution of the values that contribute to the rank. To see more detailed information on rank calculation please visit our methods in **Explore Health Rankings** on our website: www.countyhealthrankings.org.

Technical Notes:

- In this report, we use the terms disparities, differences, and gaps interchangeably.
- We follow basic design principles for cartography in displaying color spectrums with less intensity for lower values and increasing color intensity for higher values. We do not intend to elicit implicit biases that “darker is bad”.
- Overall county level values of children in poverty are obtained from one-year modeled estimates from the Small Area Income and Poverty Estimates (SAIPE) Program. Because SAIPE does not provide estimates by racial and ethnic groups, data from the 5-year American Community Survey (ACS) was used to quantify children living in poverty by racial and ethnic groups.
- County-level data for children in poverty among racial and ethnic groups are not shown if the estimate was considered to be unreliable (confidence interval width was greater than 40% or value was 0% or 100%). Unreliable estimates are often due to a very small sample size.
- Given the suppression of data for small sample sizes particularly for county data by race, there may be a gap between the state value and the data for the county data that are available.
- In many of the images using one circle to depict a county the values are very close causing overlapping circles. In these cases, greater color intensity indicates overlapping of multiple counties.

Report Authors

Courtney Blomme, MS, RD
Anne Roubal, PhD, MS
Marjory Givens, PhD, MSPH
Sheri Johnson, PhD
Lawrence Brown, PhD

Suggested citation: University of Wisconsin Population Health Institute. County Health Rankings State Report 2020.

Research Assistance:

Molly Burdine
Amanda Gatewood, PhD
Keith Gennuso, PhD
Joe Hinton, MA
Hannah Olson-Williams
Eunice Park, MIS
Elizabeth Pollock, PhD
Jennifer Robinson
Matthew Rodock, MPH

With contributions from our CHR&R team including:
What Works for Health
Community Transformation
Operations
RWJF Culture of Health Prize

This work could not be done without our partnerships with:
The Centers for Disease Control and Prevention for providing us with key health indicators
Burness for supporting our communication efforts
Forum One for website design and support

This work is possible thanks to a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

University of Wisconsin Population Health Institute
610 Walnut St, #524, Madison, WI 53726 | (608) 265-8240 | info@countyhealthrankings.org