

Frequently Asked Questions

1. Why rank counties' health?

The *Rankings* helps counties see where they are doing well and where they are not, so they can make changes to improve health.

By making this information easy-to-use and putting it at people's fingertips, leaders and advocates in the fields of public health and health care, business, education and government can all see what barriers prevent good health and work together to lift them.

2. How do you rank counties' health?

County Health Rankings ranks counties' health on two sets of measures:

- Health outcomes (length and quality of life)
- Health factors (health behaviors, access to and quality of clinical care, social and economic factors and the physical environment)

For more information on the model and method behind the *Rankings*, please visit www.countyhealthrankings.org

3. Why do you look at health factors?

Having health insurance and good medical care are important, but much of what influences our health happens outside the doctor's office—from our access to healthy food or opportunities for physical activity, to education and jobs.

County Health Rankings helps everyone see how where we live, learn, work and play matters to our health.

4. Can I compare counties across the nation as well as within a state?

The purpose of *County Health Rankings* is to compare counties within states. However, the 2011 *Rankings* includes national benchmarks for many of the measures so that communities can also see how they compare across the nation.

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5. Why don't you rank the states as well as the counties?

The purpose of *County Health Rankings* is to let people compare the overall health of their county with the health of the rest of the counties in their state.

[*America's Health Rankings*](#)[™] is a valuable resource for those interested in ranking the health of states.

6. How often will you rank counties' health?

The *Rankings* were first released in 2010 and will be updated on an annual basis.

