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Today’s Speakers

Jamie Bussel
Program Officer
Robert Wood Johnson Foundation

Julie Willems Van Dijk, RN, PhD
Associate Scientist and Deputy Director
County Health Rankings & Roadmaps
University of Wisconsin Population Health Institute
How many people are attending this webinar from your computer?

a. 1

b. 2

c. 3

d. 4

e. 5 or more
GETTING YOUR RANKINGS MESSAGE OUT
A WEBINAR FOR THE NATIONAL ASSOCIATION OF COUNTIES
MARCH 20, 2014

Jamie Bussel  Julie Willems Van Dijk

www.countyhealthrankings.org
ACKNOWLEDGEMENTS

- Robert Wood Johnson Foundation
  - Including Abbey Cofsky, Michelle Larkin, Jim Marks, Joe Marx, Marjorie Paloma, Katie Wehr, Jamie Bussel, Andrea Ducas

- Wisconsin *County Health Rankings & Roadmaps* Team
  - Including Bridget Catlin, Patrick Remington, Kitty Jerome, Kate Konkle, Karen Odegaard, Jan O’Neill, Amanda Jovaag, Alison Bergum

- Our Partners
  - Including Burness Communications, Community Catalyst, United Way Worldwide, ASTHO, NACCHO, NNPHI, Dartmouth Institute, CDC, NCHS
We, as a nation, will strive together to create a culture of health enabling all in our diverse society to lead healthy lives, now and for generations to come.
OUTLINE

County Health Rankings & Roadmaps Background

New Measures

What’s New for 2014?

Communicating about the Rankings & Action

Moving to Action

Q & A
How familiar are you with the County Health Rankings & Roadmaps?

a. Very familiar

b. Somewhat familiar

c. Slightly familiar

d. Unfamiliar
County Health Rankings Logic Model

1. Population based data collected
2. County Health Rankings
3. Media attention
4. Community leaders use report
5. Broad community engagement
6. Evidence-informed health policies and programs implemented
7. Improved health outcomes
**County Health Rankings Logic Model**

- **Population based data collected**
- **County Health Rankings**
- **Media attention**
- **Community leaders use report**
- **Broad community engagement**
- **Evidence-informed health policies and programs implemented**
- **Improved health outcomes**
COUNTY HEALTH RANKINGS: 2 RANKINGS

Health Outcomes

Today’s Health

Health Factors

Tomorrow’s Health
OUTLINE

- County Health Rankings & Roadmaps Background
- New Measures
- What’s New for 2014?
- Communicating about the Rankings & Action
- Moving to Action
- Q & A
HOW ARE MEASURES SELECTED?

- Reflect important aspects of population health that can be improved
- Valid, reliable, recognized and used by others
- Available at the county level
- Available for free or low cost
- As up-to-date as possible
- Fewer measures better than more
# HEALTH OUTCOMES

<table>
<thead>
<tr>
<th>FOCUS AREA</th>
<th>MEASURE</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LENGTH OF LIFE (50%)</td>
<td>Premature death (50%) (Years of Potential Life Lost)</td>
<td>National Center for Health Statistics</td>
</tr>
<tr>
<td>QUALITY OF LIFE (50%)</td>
<td>Low birthweight (20%)</td>
<td>National Center for Health Statistics</td>
</tr>
<tr>
<td></td>
<td>Poor or fair health (10%)</td>
<td>Behavioral Risk Factor Surveillance System</td>
</tr>
<tr>
<td></td>
<td>Poor physical health days (10%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor mental health days (10%)</td>
<td></td>
</tr>
</tbody>
</table>
# HEALTH BEHAVIORS

<table>
<thead>
<tr>
<th>FOCUS AREA</th>
<th>MEASURE</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOBACCO USE (10%)</td>
<td>Adult smoking (10%)</td>
<td>Behavioral Risk Factor Surveillance System</td>
</tr>
<tr>
<td>DIET AND EXERCISE (10%)</td>
<td>Adult obesity (5%)</td>
<td>National Center for Chronic Disease Prevention and Health Promotion</td>
</tr>
<tr>
<td></td>
<td>Food environment index (2%)</td>
<td>USDA &amp; Feeding America</td>
</tr>
<tr>
<td></td>
<td>Physical inactivity (2%)</td>
<td>National Center for Chronic Disease Prevention and Health Promotion</td>
</tr>
<tr>
<td></td>
<td>Access to exercise opportunities (1%)</td>
<td>OneSource &amp; Delorme/ESRI</td>
</tr>
<tr>
<td>ALCOHOL USE (5%)</td>
<td>Excessive drinking (2.5%)</td>
<td>Behavioral Risk Factor Surveillance System</td>
</tr>
<tr>
<td></td>
<td>Alcohol-impaired driving deaths (2.5%)</td>
<td>National Center for Health Statistics</td>
</tr>
<tr>
<td>SEXUAL ACTIVITY (5%)</td>
<td>Teen births (2.5%)</td>
<td>National Center for Health Statistics</td>
</tr>
<tr>
<td></td>
<td>Sexually transmitted Infections (Chlamydia rate) (2.5%)</td>
<td>National Center for Hepatitis, HIV, STD, and TB Prevention</td>
</tr>
</tbody>
</table>
## CLINICAL CARE

<table>
<thead>
<tr>
<th>FOCUS AREA</th>
<th>MEASURE</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCESS TO CARE (10%)</td>
<td>Uninsured (5%)</td>
<td>Small Area Health Insurance Estimates</td>
</tr>
<tr>
<td></td>
<td>Primary care physicians (3%)</td>
<td>Health Resources &amp; Services Administration (HRSA)</td>
</tr>
<tr>
<td></td>
<td>Dentists (1%)</td>
<td>HRSA</td>
</tr>
<tr>
<td></td>
<td>Mental health providers (1%)</td>
<td>CMS, National Provider Identifier File</td>
</tr>
<tr>
<td>QUALITY OF CARE (10%)</td>
<td>Preventable hospital stays (5%)</td>
<td>Dartmouth Institute: Dartmouth Atlas Project, Medicare Claims Data</td>
</tr>
<tr>
<td></td>
<td>Diabetic screening (2.5%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mammography screening (2.5%)</td>
<td></td>
</tr>
</tbody>
</table>
# SOCIAL AND ECONOMIC FACTORS

<table>
<thead>
<tr>
<th>FOCUS AREA</th>
<th>MEASURE</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUCATION (10%)</td>
<td>High school graduation (5%)</td>
<td>National Center for Education Statistics</td>
</tr>
<tr>
<td></td>
<td>Some college (5%)</td>
<td>American Community Survey</td>
</tr>
<tr>
<td>EMPLOYMENT (10%)</td>
<td>Unemployment (10%)</td>
<td>US Bureau of Labor Statistics</td>
</tr>
<tr>
<td>INCOME (10%)</td>
<td>Children in poverty (10%)</td>
<td>Small Area Income and Poverty Estimates</td>
</tr>
<tr>
<td>FAMILY AND SOCIAL SUPPORT (5%)</td>
<td>Inadequate social support (2.5%)</td>
<td>Behavioral Risk Factor Surveillance System</td>
</tr>
<tr>
<td></td>
<td>Single-parent households (2.5%)</td>
<td>American Community Survey</td>
</tr>
<tr>
<td>COMMUNITY SAFETY (5%)</td>
<td>Violent Crime (2.5%)</td>
<td>Uniform Crime Reporting, Federal Bureau of Investigation</td>
</tr>
<tr>
<td></td>
<td>Injury Deaths (2.5%)</td>
<td>CDC Wonder</td>
</tr>
</tbody>
</table>
## PHYSICAL ENVIRONMENT

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Measure</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR &amp; WATER QUALITY (5%)</td>
<td>Air pollution – particulate matter (2.5%)</td>
<td>CDC WONDER Environmental data, NASA Applied Sciences Program/Public Health Program</td>
</tr>
<tr>
<td></td>
<td>Drinking water violations (2.5%)</td>
<td>Safe Drinking Water Information System</td>
</tr>
<tr>
<td>HOUSING &amp; TRANSIT (5%)</td>
<td>Severe housing problems (2%)</td>
<td>HUD</td>
</tr>
<tr>
<td></td>
<td>Driving alone to work (2%)</td>
<td>American Community Survey</td>
</tr>
<tr>
<td></td>
<td>Long commute – driving alone (1%)</td>
<td>American Community Survey</td>
</tr>
</tbody>
</table>
OUTLINE

County Health Rankings & Roadmaps Background
New Measures
What’s New for 2014?
Communicating about the Rankings & Action
Moving to Action
Q & A
We're celebrating 5 years of working together to make our nation healthier. Learn what’s new and join in!

The County Health Rankings show how we're doing and where we can improve on health. The Roadmaps show what we can do to create healthier places to live, learn, work and play.

Explore Rankings
Use the rankings and data to understand what affects health in your area and where to focus

Move Forward with Action
Visit the Action Center and get guidance to help improve health in your community

Read and Share Stories
Learn from other communities and inspire others by sharing stories about your journey toward better health

Choose a state to begin

Our Approach
Ranking Methods

FIND YOUR COUNTY OR STATE

Using the Rankings Data
Download Rankings Data
Find out how healthy your county is and explore factors that drive your health.
Premature Death in Dane County, WI
Years of Potential Life Lost (YPLL): County, State and National Trends

Dane County is getting better for this measure.

Health Behaviors

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Dane County</th>
<th>11-17%</th>
<th>2014-2016</th>
<th>14%</th>
<th>29%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult smoking</td>
<td>14%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult obesity</td>
<td>25%</td>
<td>22-28%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food environment index</td>
<td>8.5</td>
<td>8.7</td>
<td></td>
<td>8.3</td>
<td></td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>18%</td>
<td>15-21%</td>
<td></td>
<td>21%</td>
<td>22%</td>
</tr>
</tbody>
</table>
## Wisconsin Rankings Data

### 2014

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Size</th>
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<tbody>
<tr>
<td>2014 Wisconsin Summary Report</td>
<td>352.13 KB</td>
</tr>
<tr>
<td>2014 Wisconsin Data</td>
<td>475.5 KB</td>
</tr>
<tr>
<td>2014 Wisconsin Specific Data</td>
<td>202.5 KB</td>
</tr>
<tr>
<td>2014 Wisconsin Health Outcomes Map</td>
<td>102.7 KB</td>
</tr>
<tr>
<td>2014 Wisconsin Health Factors Map</td>
<td>103.7 KB</td>
</tr>
</tbody>
</table>
## Compare Counties in Wisconsin

<table>
<thead>
<tr>
<th></th>
<th>Wisconsin</th>
<th>Chippewa (CH)</th>
<th>Eau Claire (EC)</th>
<th>Dunn (DN)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Life</td>
<td>26</td>
<td>36</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Premature death</td>
<td>5,878</td>
<td>5,900</td>
<td>4,773</td>
<td>5,138</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>20</td>
<td>22</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>1.2%</td>
<td>1.1%</td>
<td>1.1%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>3.2</td>
<td>2.3</td>
<td>3.1</td>
<td>2.9</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>3.0</td>
<td>2.7</td>
<td>2.0</td>
<td>1.9</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>7.0%</td>
<td>6.1%</td>
<td>6.0%</td>
<td>5.9%</td>
</tr>
<tr>
<td><strong>Health Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30</td>
<td>14</td>
<td>24</td>
<td>24</td>
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<tr>
<td><strong>Health Behaviors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>18%</td>
<td>24%</td>
<td>17%</td>
<td>16%</td>
</tr>
</tbody>
</table>
County Health Rankings & Roadmaps
Building a Culture of Health, County by County

We're currently...

- **Action Center**
  Guides and tools for improving health
- **What Works for Health**
  Find effective policy/program strategies

What can I do?

What can I learn from others?

- **Stories**
  How communities are improving health
- **Projects Showcase**
  Examples of ways people are using the Rankings data

- **Community Grants**
  Learn about local action to change policies or systems
- **National Partners**
  Learn about our partners in improving health

**RWJF Culture of Health Prize**
Learn about communities making a difference and how to apply

The County Health Rankings show how we're doing and where we can improve on health. The Roadmaps show what we can do to create healthier places to live, learn, work and play.

Explore Rankings
Use the Rankings and data to understand what affects health in your area and where to focus.

Move Forward with Action
Visit the Action Center and get guidance to help improve health in your community

Read and Share Stories
Learn from other communities and inspire others by sharing stories about your journey toward better health.
Action Center

Action step guides
Each step on the Action Cycle is a critical piece of making communities healthier. There is a guide for each step that describes key activities within each step and provides suggested tools, resources, and additional reading. You can start at Assess or enter the cycle at any step. Work Together and Communicate sit inside because they are needed throughout the Cycle.

Guides for community members
At the core of the Action Cycle are people from all walks of life because we know we can make our communities healthier if we all get involved. There is a guide for each of the different types of people in the blue bubbles. These guides provide information on the role that each can play in improving the health of communities along with guidance on what they can do during each action step.

Select an Action Step or community member to learn more

www.countyhealthrankings.org/roadmaps/action-center
Work Together

Communities vary widely, and as a result, efforts to improve health will also vary. In the midst of all this variety are people working together. With a shared vision and commitment to improved health, working together can yield better results than working alone.

Purpose

Build, maintain, and sustain a diverse multi-sector partnership to work collaboratively to implement strategies that result in meaningful change.

Who to Involve

People from business, healthcare, public health, education, government officials, elected boards, advocacy groups, faith-based organizations, not-for-profits, foundations or other investors, and anyone who cares about or is affected by the many factors that influence health in your community.

As you engage in this step, keep in mind the population with the greatest health disparities in your community – those who are most vulnerable and are experiencing the worst conditions for good health. Involving them throughout your health improvement process will ensure that their voices and needs are heard.

Key Activities:

- Recruit and involve diverse stakeholders from multiple sectors
- Manage boundaries to create safety
Key Activities:

Recruit and Involve diverse stakeholders from multiple sectors

NOTE: Every community has a unique way of bringing people together to work on health issues, ranging from informal groups of leaders to voluntary coalitions to formal alliances. For the purpose of this guidance, we will refer to any such group as a “partnership.” The County Health Rankings illustrate that everyone has a role to play in improving the health of communities. Research shows us that working together can yield better results than working alone.(1, 2) Big changes in communities – the kinds of changes that make a real impact on the health of communities – come out of multi-sector collaboration rather than from the isolated interventions of individual organizations. Read more about the impact and characteristics of effective multi-sector collaborations in Collective Impact.(1)

As you work to improve health in your community, your partnership will be stronger if it includes people from multiple sectors and people most affected by the problem. Consider whether your partnership reflects the demographic make-up of your community and work to meaningfully engage culturally and racially diverse members. For example, if you are working on high school graduation rates, involve people who either struggled to stay in school or dropped out; or if you are focusing on a single parent anti-poverty campaign, include low-income single parents.

Leveraging a diverse set of skills and expertise will also help your partnership work to advance health for all in your community. A Practitioner’s Guide to Advancing Health Equity provides

Suggested Tools:

- Building a Contact List
- Effective Recruitment of Coalition Members
- Community Health Partnerships: Tools and Information for Development & Support
- Collaboration Multiplier
- Coalition Core Competencies Checklist
- Coalition Mapping Worksheet
- Identifying and Analyzing Stakeholders and Their Interests Checklist
- Tips for Maintaining Community Interest and Involvement

Community Spotlight

United Way of Greater Toledo Builds Collaboration
United Way of Greater Toledo Builds Collaboration

In Toledo, OH, the United Way of Greater Toledo had an “ah-ha” moment in 2010 when the County Health Rankings were released and Lucas County, where Toledo is located, ranked 72nd out of 88 Ohio counties.

“This was incredibly alarming and created a sense of urgency in our community to mobilize,” said Kate Sommerfeld, Area Director with United Way of Greater Toledo. “Once we got over the initial shock, we began to look at influences of population health. The County Health Rankings model became a tool to talk about the impact that social and economic factors have on health, and we took it out to community leaders in different sectors to illustrate why partnership was essential.

“We started to ask, ‘How do we move the needle on both health and our overall community well-being?’”

The United Way of Greater Toledo began convening partners, and not only other non-profit partners and businesses, but also grass-root individuals, neighborhoods, and networks that are directly impacted by community issues.

The United Way of Greater Toledo turned to the Roadmaps to Health Action Center to find tools to support efforts to recruit diverse stakeholders.

Specifically, it used the Effective Coalition Member Recruitment (from M+R) tool to think about who needs to be at the table, including non-traditional partners. “We used this in the beginning of our process and planning, but we also often go back and assess who else might need to be included. Is there another perspective that’s missing?” said Sommerfeld.

It used the Coalition Mapping Worksheet (from M+R) to help understand and analyze where different partners are coming from. “This is a great simple visual tool to map out the perspectives and positions of partners. Not all the partners in a coalition will have the same level of influence and commitment to the issue, and that’s OK,” Sommerfeld said. “But this really helps in thinking about relationships.”

The Collaboration Multiplier (from Prevention Institute) has helped the United Way of Greater Toledo analyze collaborative efforts across multiple fields. This tool is designed to help you identify which partners you need and how to engage them. It can also help identify where you need additional expertise and resources. “For us, it helped lay the foundation for shared understanding and common ground across all partners,” Sommerfeld said. “We actually used this tool with our partners and had all of them complete the worksheet individually. We then came together and had dialogue across the coalition.”

To reach Sommerfeld, email Kate.sommerfeld@unitedwaywoodcounty.org or visit www.unitedwaytoledo.org.

*County Health Rankings & Roadmaps Community Spotlights provide examples of strategies or tools in action. The purpose of these spotlights is to connect like-minded communities at various points in their implementation efforts, giving insight into how others are tackling key challenges and what they’ve accomplished.*
WHAT WORKS FOR HEALTH

What Works for Health provides communities with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors we know affect health.

To learn more about potential strategies, select a factor such as tobacco use or education in the model below.

www.countyhealthrankings.org/what-works-for-health
EVIDENCE RATINGS

ACCESS TO PLACES FOR PHYSICAL ACTIVITY

Evidence Rating

Enhancing access to places for physical activity involves changes to local environments (e.g., creating walking trails), building exercise facilities, providing access to existing nearby facilities, and reducing the cost of opportunities for physical activity. Increased access is typically achieved in a particular community through a multi-component strategy that includes training or education for participants.

Expected Beneficial Outcomes:
- Increased physical activity
- Increased leisure time

Evidence of Effectiveness:
There is strong evidence that improving access to places for physical activity increases physical activity and improves physical fitness (CG-Physical activity, Wolch 2010). Access itself is also strongly associated with high levels of physical activity (Brownson 2006). Efforts to increase access to places for physical activity are recommended by the National Coalition for Promoting Physical Activity (NCPA, WIPAN-Communities, WIPAN-Worksites), CDC (CDC MMWR-Khan 2009), the Center for Excellence in Training and Research Translation (CETRT-Physical activity), and the IOM (Committee on Physical Activity 2005).

Those with higher socio-economic status have been shown to have greater access to physical activity centers than individuals of lower socio-economic status; increasing access to facilities for all can decrease disparities in physical activity (ALR-Disparities 2011, Gordon-Larsen 2006).

Impact on Disparities:
Likely to decrease disparities
RWJF CULTURE OF HEALTH PRIZE

2013-14 Prize Winners to be announced in June, 2014

2014-15 Call for Applications released in June, 2014

Great opportunity to showcase your community

www.rwjf.org/goto/prize
County Health Rankings & Roadmaps
Building a Culture of Health, County by County

Health Outcomes
  - Length of Life (50%)
  - Quality of Life (50%)

Health Factors
  - Health Behaviors (30%)
    - Tobacco Use
    - Diet & Exercise
    - Alcohol & Drug Use
    - Sexual Activity
  - Clinical Care (20%)
    - Access to Care
    - Quality of Care
  - Social & Economic Factors (40%)
    - Education
    - Employment
    - Income
    - Family & Social Support
    - Community Safety
  - Physical Environment (10%)
    - Air & Water Quality
    - Housing & Transit

Policies & Programs
In my work as a county leader, I spend most of my time working on issues
a. Health Behaviors
b. Clinical Care
c. Social and Economic Factors
d. Physical Environment
OUTLINE

County Health Rankings & Roadmaps Background

New Measures

What’s New for 2014?

Communicating about the Rankings & Action

Moving to Action

Q & A
The *County Health Rankings* make it possible for communities to see the health problems they face and create local solutions to address them.

The *County Health Rankings* illustrate in a powerful way that where you live can influence how well and how long you live. The *Rankings* show much of our health is connected to where we live, learn, work, and play.
The County Health Rankings show how we’re doing and where we can improve our health. The Roadmaps offer communities resources to move from awareness to action.

A culture of health requires breaking down traditional silos and engaging with new partners to achieve a common goal – better health for all regardless of where they live, how much they make, or where they come from.
COMMUNICATING THE RANKINGS RESULTS

- Comprehensive media strategy to engage national, state, and local media
- Partnership among the County Health Rankings communications team, state teams, and local health departments
COMMUNICATING THE RANKINGS RESULTS

- National media outreach
  - Long-lead pitching
  - Press release
  - Key findings report
  - Live webcast
  - Social media outreach
COMMUNICATIONS TIPS & TOOLS

› Communications toolkit is now available at the below password-protected site:

   **CHRRtoolkit.org**

   Login: **toolkit**

   Password: **health**

› Toolkit contents: press release template, key messages, tough questions, FAQs, logos, suggested Tweets, etc.
HOW TO GET INVOLVED—MARCH 26 RELEASE

‐ Use social media tools to spread the news – join the conversation at #HealthRankings

‐ Tell your story

‐ Write and submit op-eds to local newspaper—focus on something your community is working on

‐ Host a town hall meeting or a call to action summit

‐ Post a link to www.countyhealthrankings.org on your website
RANKINGS RELEASE DAY WEBCAST

- **March 26**: Rankings released (embargo lifts at 12:01 a.m. ET)

  - 12:30 p.m. ET: Webcast **GO TO:** [http://www.eventbrite.com](http://www.eventbrite.com) SEARCH: “County Health Rankings Webcast”
STAYING CONNECTED

- Follow @CHRankings
- Like: Facebook.com/CountyHealthRankings
- e-Newsletter: chr@match.wisc.edu
Based on what I have heard during this webinar, I plan to do the following (Check all that apply):

a. Write a press release or op-ed about the Rankings

b. Use social media to promote the Rankings

c. Convene a group to review our county’s 2014 Rankings

d. Explore the Roadmaps to Health Action Center

e. Other
<table>
<thead>
<tr>
<th>OUTLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Health Rankings &amp; Roadmaps Background</td>
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<tr>
<td>What’s New for 2014?</td>
</tr>
<tr>
<td>2014 Measures</td>
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<tr>
<td>Communicating about the Rankings &amp; Action</td>
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<tr>
<td>Moving To Action</td>
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<tr>
<td>Q &amp; A</td>
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</tbody>
</table>
“People who have maybe never sat at the same table together have to come together.”
"We’re all in this together. We will all rise together."
POLICIES AND PROGRAMS THAT WORK

Photo credit: PedNet Coalition
OUTLINE

County Health Rankings & Roadmaps Background
What’s New for 2014?
2014 Measures
Communicating about the Rankings & Action
Moving To Action
Q & A
THANK YOU!

Julie Willems Van Dijk RN PhD
Deputy Director, County Health Rankings & Roadmaps
University of Wisconsin Population Health Institute
willemsvandi@wisc.edu

Jamie Bussel
Program Officer
Robert Wood Johnson Foundation

www.countyhealthrankings.org
Type your question into the questions box and the moderator will read the question on your behalf during the Q&A session.

If we are unable to answer all of the questions during the Q&A session, we will send you the questions and answers in an email.