Healthy Counties
Dear County Official,

The National Association of Counties is excited to present a new partnership with the Robert Wood Johnson Foundation (RWJF). The project, Elected County Officials’ Guide to County Health Rankings & Roadmaps, will gather information about effective existing county health improvement efforts and provide county policy makers with information and tools on useful program and policy options to improve the overall health of communities across the country.

In partnership with RWJF and the University of Wisconsin Population Health Institute, NACo will provide information about and assistance with the County Health Rankings. The County Health Rankings provides a snapshot of a county’s health based on two summary ranks – health outcomes and health factors. It provides county elected officials a clearer picture of the many factors that influence the health of community residents and the community’s primary health problems and concerns.

Throughout the project, NACo will be working with county officials to strengthen the ability of local jurisdictions to deal effectively with the challenges of creating, enhancing and maintaining healthy counties and to support county officials’ leadership role toward positive community health impact. Counties will explore innovations for effective local programs and policies using the County Health Rankings & Roadmaps as a guide to improve overall community health. The County Health Rankings resources—data sources, measures and quality—will help counties better understand their county ranking, provide awareness and inspire other counties to create locally-driven change across the county.

As you continue to address health issues in your community, we hope this partnership will provide you with the tools you need to effectively make change in your community and assist you in developing a roadmap to build a healthier county. We look forward to learning about your county’s health efforts and working to establish counties as leaders of local health enterprises.

For more information, please visit http://www.naco.org/improvingcountyhealth.

Best Regards,

Mathew D. Chase
Executive Director
National Association of Counties

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KEY MESSAGE

Having health insurance is important — but much of what affects our health occurs outside of the doctor’s office. It’s hard to live a healthy life if you live in an unhealthy place.
Healthy Counties Initiative

Since 2011, the NACo Healthy Counties Initiative has successfully brought together public and private partners to share innovative ideas and strategize about how to resolve the health challenges counties face.

NACo’s Healthy Counties Initiative aims to enhance the public-private partnerships in local health delivery, helping counties improve community and individual health, and assisting counties to implement federal health reform.

The initiative engages county officials and private sector partners from across the country to take a leadership role in a wide-ranging menu of activities — from promoting community public health, prevention and wellness programs to participating in health information technology and telemedicine reform.

Healthy Counties provides the space for open dialogues among county leaders, county employees and private sector partners on community health.

The initiative supports innovative public-private partnerships and highlights county health best practices and programs improved through the collaboration with the private sector.

Initiative activities include a NACo Healthy Counties Initiative Web-accessible database of county health best practices and programs, as well as publications, webinars and training opportunities. Conference workshops and a webinar series that highlights health issues, concerns and opportunities for counties are also scheduled.

NACo’s Healthy Counties Advisory Board, comprising county officials and staff who are NACo health leaders, and corporate partners, guides the Healthy Counties Initiative. It assists NACo in identifying priorities and activities for the initiative and provides input and expertise in program implementation.

Helping Counties Use the RWJF Rankings to Improve Health

A NACo-driven information and assistance hub will help counties learn how they can use information from the annual County Health Rankings & Roadmaps initiative to help them improve their communities’ health.

NACo, in partnership with Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute, will provide counties with information and explore innovations for effective local programs, and policies that can improve overall community health. It will facilitate peer-to-peer learning among counties about ways to help people live healthier lives. The project is designed to achieve the following:

• provide a forum for local elected and appointed officials to discuss and address common issues.

• promote learning exchanges between counties and other interested partners on promising innovations and evidence-based policies and practices, and

• develop and leverage materials that will aid counties in their policy making and will assist other jurisdictions in developing effective policies and practices of their own.

The project aims to strengthen the ability of local jurisdictions to successfully address the challenges of creating, enhancing and maintaining healthy counties and to assist county officials in their leadership role to positively influence community health.

The project is supported by a grant from RWJF.
2013 County Health Rankings offer new tools, strategies to improve health

BY CHARLES TAYLOR
SENIOR STAFF WRITER

Four years ago, the Central Michigan District Health Department (CMDHD) was in dire need of data to help it apply for national accreditation from the Public Health Accreditation Board. "We had based our strategic plan around the gaps that we knew we needed to fill in order to apply for PHAB accreditation," said Mary Kushion, CMDHD's health officer.

But there were no local health statistics available from the state for the six mostly rural counties comprising the district — Arenac, Clare, Gladwin, Isabella, Osceola and Roscommon, she said — data needed to do a community health assessment and community health improvement planning process.

But if she could wait a few months, the Robert Wood Johnson Foundation (RWJF) would be releasing its first health rankings for virtually every county in the United States in early 2010.

"I knew because of the data that we did have, that some of our counties probably weren't going to rank very high, but you hope for the best," Kushion said. Still, she decided to schedule a public health summit at which the data would be released and to begin a community conversation. Clare County, "smack dab" in the middle of the district, was dead last among 82 Michigan counties that were ranked. (Michigan has 83 counties, however, Keweenaw County is not ranked because of insufficient data, Kushion said.)

"As you can imagine when you rank last in anything, just like when you rank first, you get a lot of media attention, and you get a lot of public reaction both good, bad and otherwise," Kushion said. "But for us it really did help bring people to the table to start talking about what the county health rankings were, what the health status of the community was, what we wanted to improve upon."

Since then, the health district has launched its Together We Can! Health Improvement Project, and on April 8, 2013, hosted its fourth public health summit. Kushion calls the ranking a "springboard" that helped propel the community to action.

While cause and effect can be difficult to establish, Clare County's ranking rose to 80 in 2012, and in 2013 it ranked 75th. Kushion said seeing that kind of progress is "what drives us." "It's like weighing in at WeightWatchers; you've worked hard all week, you want to be able to show that you've made success at the end of the week," she said.

RWJF and its partner, the University of Wisconsin Population Health Institute, rely on a robust set of data and analysis that allows counties to see what factors contribute to making residents sick or healthy, and how they compare to other counties in their state. The rankings show that how long and how well people live depends on multiple measures beyond just their access to medical care. It examines 25 influences on health, including rates of childhood poverty, rates of smoking, obesity levels, teen birth rates, access to physicians and dentists, rates of high school graduation and college attendance, access to healthy foods, levels of physical inactivity, and percentages of children living in single parent households.

"What we've found is that the rankings are a great point-in-time snapshot of what's happening with counties in a particular state," said Michelle Larkin, RWJF's assistant vice president and deputy director of the Health Group.

While the rankings allow for county-to-county comparisons within a state, the 2013 rankings also show significant new national trends:

- Child poverty rates have not improved since 2000, with more than one in five children living in poverty.
- Violent crime has decreased by almost 50 percent over the past two decades.
- The counties where people don't live as long and don't feel as well mentally or physically have the highest rates of smoking, teen births and physical inactivity, as well as more preventable hospital stays.
- Teen birth rates are more than twice as high in the least healthy counties than in the healthiest counties.

Access to health care remains an important factor, and in 2013 for the first time, the rankings factor in residents' access to dentists and...
Health rankings allow in-state county data comparisons

It’s no stretch that these women are focused on their health as they do step-lunges at a station along a fitness course in Gladwin County, Mich. last August. This Together We Can! Celebration Day event was sponsored by Gladwin and Clare counties’ Health Improvement Planning Workgroup.
Methodology in Brief: A Summary of How Counties Are Ranked

The County Health Rankings measure the health of nearly every county in the United States and rank them within each state. They are derived from county-level statistics from multiple national and state data sources, including the U.S. Census Bureau, the Centers for Disease Control and Prevention, and the Dartmouth Atlas of Healthcare. These measures are standardized and combined using “scientifically-informed weights.”

The rank your county receives is determined by scores in two basic categories: mortality and morbidity rates, and community health status indicators. Mortality measures how long you live; morbidity is a quality-of-life measurement based upon the incidence of disease.

An overall Health Outcomes summary score is a weighted composite of mortality (50 percent) and morbidity (50 percent). The overall Health Factors summary score is a weighted composite of four components: health behaviors (30 percent), clinical care (20 percent), social and economic factors (40 percent), and physical environment (10 percent). Within those categories, weights are given to several indicators such as access to care, income, education, smoking, family and social support, alcohol use, diet and exercise, and community safety.

The rankings are based on counties and county equivalents. Any entity that has its own Federal Information Processing Standard (FIPS) county code is ranked. Certain major cities, such as Baltimore and St. Louis, are considered county equivalents and have their own FIPS county code. Other cities, such as Milwaukee, do not have a FIPS code and are not individually ranked. Nationwide, 90 counties or county equivalents were not ranked due to insufficient data.

For a more in-depth look at how the rankings were determined, visit www.countyhealthrankings.org/ranking-methods.

RWJF ROADMAPS TO HEALTH PRIZE

Annually, the Robert Wood Johnson Foundation (RWJF) releases the Roadmaps to Health Prize awards to honor outstanding community partnerships that are enhancing local health initiatives. The awards program seeks local jurisdictions engaging their communities to collaboratively address community health.

In 2013, the Robert Wood Johnson Foundation (RWJF) awarded Santa Cruz County, California with RWJF’s Roadmaps to Health Prize for their efforts to implement innovative community health improvement initiatives. Santa Cruz County initiatives included increasing children’s access to health care, providing education, workforce training and substance abuse treatment to justice-involved individuals, and improving options for residents to obtain healthy and affordable food.

For more information, please visit www.countyhealthrankings.org/roadmaps/prize.
Mortality (Length of Life) 50%
Morbidity (Quality of Life) 50%

Health Behaviors:
- Diet & Exercise
- Alcohol Use
- Sexual Activity

Access to Care:
- Quality of Care

Clinical Care:
- Education
- Employment
- Income
- Family & Social Support
- Community Safety

Social and Economic Factors:
- Environmental Quality
- Built Environment

Physical Environment:
- 10%

Policies and Programs:
- 30% Health Behaviors
- 20% Clinical Care
- 40% Social and Economic Factors

Health Factors:
- 30%

From County Health Rankings ©2012 UWPHI
The 2013 County Health Rankings show us that healthier U.S. counties typically have lower rates of people dying before age 75, smoking, teen births, and children living in poverty. They also have more residents attending at least some college. The healthiest and least healthy counties in four states are compared below.

- ranked most healthy county in the state
- ranked least healthy county in the state

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These graphics are examples of how the healthiest and least healthy counties differ in four states. The County Health Rankings rank nearly every US county in every state based on 25 factors that influence health. See how your county ranks and ways counties can improve health by visiting www.countyhealthrankings.org.
RWJF and the University of Wisconsin’s Population Health Institute have built a site (www.countyhealthrankings.org) that offers enough tools to help even the most unschooled county leader move their community in a healthier direction.

At its heart is the Roadmaps to Health Action Center, which as the site says, “provides tools to help groups work together to create healthier places to live, learn, work and play. You’ll find three action areas at this level: Learn, Communicate, Organize — each directs you to appropriate resources for the area.

If you are new to the game, you can skip all those links and go straight to “Getting Started.” Like most things in the County Health Rankings & Roadmaps (CHR&R), much thought and attention has been given to moving folks along a path to healthier living. In this case, the Getting Started section asks you to select from three statements that best represent your community in order to nudge you to the next steps with a series of guides such as the Work Together Guide, or Assess Needs and Resources Guide.

And if you’re still puzzled, there’s even more advice on getting started such as directions on how to gather data for assessing your county’s needs and resources on deciding where to focus your efforts.

A special section is set aside in the Action Center for “Government Officials.” They are recognized for the critical leadership role they can play in mobilizing their communities to take action on behalf of greater health for all.

In an informal, personable manner, the section’s portal page suggests actions government leaders can take and policies they can implement to influence their community’s health. And this being the CHR&R site, there are tools aplenty to help government leaders, including a brand new Town Hall Meeting in a Box, which includes everything you need to host a town hall meeting to discuss the County Health Rankings — such as sample invitations, presentation documents and venue recommendations.

If you’d like to know what policies and programs other communities have implemented to improve their areas’ overall health, and most importantly, how effective they’ve been, there’s a tabbed section, “Policies and Programs,” that provides evidence ratings for a host of sample actions from restricting alcohol availability at public events and on public property, to inclusionary or incentive zoning.

One very critical component of any County Health Roadmap is communications. CHR&R has you covered there, too. While still in the Government Official’s Action Center, you can download a County Health Rankings and Roadmaps slide presentation as well as access sample language for sharing information about the County Health Rankings report on your website or in your newsletters. There are also sample Letters-to-the-Editor and Op-Ed pieces about the rankings.

Social media, too, comes into play with a guide that includes suggested Facebook posts and tweets to make it easy for you to share CHR&R across your social media platforms and tips for talking about the role your county plays in taking action to address the factors that affect health.

2013 Communications Toolkit

To reflect the release of the new rankings, many of the most popular communications tools have been pulled together and updated in the 2013 Communications Toolkit.

Especially noteworthy are key messages for 2013, a list of anticipated tough questions and answers — virtual mini-media training — and messages tailored for high, medium and low-ranking counties.

You can access the toolkit at www.chrtoolkit.org. There are even more tools available through the Action Center’s main “Communicate” portal to help you and your key staff create a communications strategy, get your message out, build political will, make presentations and use the media to communicate to the public and tell your story.

Visit http://countyhealthrankings.org/roadmaps/action-center and click on “Communicate” to learn more.
Every county can find something useful in the County Health Rankings.
For some, it’s a wakeup call that something must be done about poor health, galvanizing support for the county’s public health efforts. For others, it’s confirmation that they’re on the right track and they have to maintain their programs that have made a difference in improving their counties’ standing. Others can take their rankings, or their improvements over prior years’ rankings, as a point of pride that they use when promoting their county as the healthy place to live and work.

Allen County, Ohio

Changing Allen County Ohio’s health profile meant changing basic policy and combating some misconceptions among the public.

“Activate Allen County” joined community leaders representing the workforce, schools and faith-based community and used the County Health Rankings to show just how bad the county’s health profile was. With its 2012 rankings hitting 75th out of 88, it was easy to tell that the county’s obesity rate (37 percent) and smoking rate (22 percent) were the first areas to target.

The organization addresses basic structural issues that will ultimately change health outcomes for county residents. It’s a focused effort that doesn’t try to be something it’s not.

“It’s hard for the general public to grasp when they ask why we don’t offer aerobics classes and 5k runs,” said Jerry Courtney, president of the Lima Family YMCA and Activate Allen County. Evidence-based research and science shows we can move the needle on county health faster by looking at how policy and the environment affect health outcomes, so that’s what we’re focusing on.”

In short, most of the work the group does will be behind the scenes for most Allen County residents, with hopes that the effects of their efforts will be felt far and wide.

“You have to have the information on your county as a starting point to begin the dialogue,” Courtney said. “We want to make it the easy choice to eat healthy, live actively and live a tobacco-free lifestyle.”

That’s meant pitches to businesses, appealing to the benefits of having a healthy workforce and the incentives to providing wellness programs and an emphasis on employee health.

“You obviously need an educated workforce with the right skills, but you enhance that by having those employees be healthy and more productive,” Courtney said. “It’s an incentive to have lower health care costs, and being a healthier county will attract more business. It will directly affect the bottom line to tie bright economic future to health outcomes.”

Activate Allen County is also working on the public side of the equation. The group successfully convinced the Lima-Allen County Planning Commission to require real estate developers to build planned sidewalks in new residential developments.

Courtney said tying together all of the elements of the healthy lifestyle will dramatically improve the county’s environment, and that got a boost when the Allen Economic Development Group adopted the Activate Allen County health goals and strategies.

“It won’t do much good to have businesses putting all of that effort into their employees if they go home and can’t reach a grocery store and have to settle for fast food,” he said. “This is a long term effort and pieces will be falling into place for a while.”
Shannon County, Mo.

Southeast Missouri is home to the Salem Plateau of the Ozark Mountains and not much else. Twenty-three of the state’s 28 bottom-ranked counties populate the area and Shannon County Health Department Administrator Kandra Counts said the County Health Rankings confirm what she already knew about the county’s public health profile. Shannon County ranks 95 out of the state’s 115 counties in the 2013 rankings.

“We’re dealing with a high rate of obesity (35 percent, compared to 31 percent statewide and 25 percent nationally) and low rate of activity (32 percent inactive, against 28 percent in Missouri and 21 percent nationwide),” she said. “Those two are connected, and we’re trying to address that.”

The 2013 addition of a measure for access to dental care inadvertently hurt the county because it has no dentists. The number of health clinics, however, has improved to five, up from one a few years ago.

The county just completed a second walking trail, around a ballfield, which Counts hopes will encourage people to walk more.

“Access is our big problem; there just aren’t good places to walk,” she said. “Our roads don’t have shoulders and they’re hilly and curvy. It leaves people deciding between not exercising or risking being hit by a car. We have some gravel roads, but people can slip on those.”

The food culture also hurts in the battle of the bulge, because deep fryers are common in Shannon County kitchens.

“Deer hunting season is a holiday here,” Counts said. “Everyone deep fries their deer meat. I’m guilty of that.”

What’s not fat in Shannon County are the Health Department’s revenues from property taxes. With much of the county’s land designated as conservation areas, taxable land is at a premium and the alternative, tourism money generated by that conservation land, doesn’t reach the health department.

“We deal with a lot of symptoms of being a poor county,” Counts said. “We have boom times in the summers, but the winters are a time of high unemployment.”

She added that smoking rates are particularly high, though Shannon County has tried to address that by providing smoking cessation-classes.

“It’s a habit people pick up because it’s a tradition around here,” she said. “We lean toward family cultures. If it’s accepted in your home, that’s what you tend to do.”

Ottawa County, Mich.

Ottawa County officials were delighted to see their county ranked second out of 82 counties in Michigan in the 2013 County Health Rankings, but knew despite that lofty ranking, there is still room for improvement.

“We didn’t score well in the physical environment section,” said Kristina Wieghmink, Ottawa County Health Department spokeswoman, noting the county ranked 70th, despite a bevy of local parks. “It offers Ottawa a clear opportunity for action.”

The county has also been spurred by its lower-than-expected ranking for access to mammogram screenings to. The rankings have also alerted the county of an increasing number of children in single-parent households.

Though the county trailed only Leelanau County, Wieghmink said far from being complacent, Ottawa County now knows where to press further. For its funders who do not have backgrounds in public health, the rankings validate the work of the Health Department.

“It shows we are being resourceful with our funding,” Wieghmink said. “This data gives us feedback that we’re being good stewards of taxpayer money and putting it into programs that impact areas of need — becoming cognizant of where it’s best allocated.”

If the county supports programs that help achieve high rankings, she said, it’s a reason for the county to continue to support them.

She said the county’s immunization and vaccination programs are working, pointing to its high marks for life expectancy and lack of sickness. “We won’t take our foot off the gas.”
About NACo

The National Association of Counties (NACo) assists America’s counties in pursuing excellence in public service by advancing sound public policies, promoting peer learning and accountability, fostering intergovernmental and public-private collaboration, and providing value-added services to save counties and taxpayers money. Founded in 1935, NACo provides the elected and appointed leaders from the nation’s 3,069 counties with the knowledge, skills and tools necessary to advance fiscally responsible, quality-driven and results-oriented policies and services to build healthy, vibrant, safe and fiscally resilient counties. For more information about NACo, visit www.naco.org.