Using the *County Health Rankings & Roadmaps* to Drive County Change
Elected County Officials’ Guide to County Health Rankings and Roadmaps

• NACo is providing counties with information and resources related to the County Health Rankings

• The project is exploring how counties can use the Rankings information to implement policies designed to improve community health

• Project supported through funding from the Robert Wood Johnson Foundation (RWJF) and in collaboration with RWJF and the University of Wisconsin’s Population Health Institute
Today’s Speakers:

Angela Russell
Community Engagement Lead
*County Health Rankings & Roadmaps* Project
University of Wisconsin’s Population Health Institute

Elizabeth Edsall Kromm
Policy Director
Office of the County Executive
Howard County Government

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President & Chief Executive Officer
The Horizon Foundation
COUNTY HEALTH RANKINGS & ROADMAPS 101

Angela Russell, MS
University of Wisconsin Population Health Institute

October 10, 2013
OUTLINE

Rankings Model and Measures

County Health Roadmaps

Wrap-Up

Questions and Answers
RANKINGS ARE EVERYWHERE
WHY RANK?

- Simplify complex data
- Media coverage
- Add context
- Call to action
- Starting point
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
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>MORTALITY (50%)</td>
<td>Premature Death (50%) (Years of Potential Life Lost)</td>
<td>National Center for Health Statistics</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MORBIDITY (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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIET AND EXERCISE (10%)</td>
<td>Obesity (7.5%)</td>
<td>National Center for Chronic Disease Prevention and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Promotion</td>
</tr>
<tr>
<td></td>
<td>Physical Inactivity (2.5%)</td>
<td></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>Motor Vehicle Crash Death Rate (2.5%)</td>
<td>National Center for Health Statistics</td>
</tr>
<tr>
<td>SEXUAL ACTIVITY (5%)</td>
<td>Teen Birth Rate (2.5%)</td>
<td>National Center for Health Statistics</td>
</tr>
<tr>
<td></td>
<td>Sexually Transmitted Infections (Chlamydia</td>
<td>National Center for Hepatitis, HIV, STD, and TB</td>
</tr>
<tr>
<td></td>
<td>Rate) (2.5%)</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>Dentists (2%)</td>
<td>Health Resources &amp; Services Administration</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>States provided H.S. graduation data</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 (5%)</td>
<td>Uniform Crime Reporting, Federal Bureau of Investigation</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>ENVIRONMENTAL QUALITY (4%)</td>
<td>Daily Fine Particulate Matter (2%)</td>
<td>CDC WONDER Environmental data, NASA Applied Sciences Program/Public Health Program</td>
</tr>
<tr>
<td></td>
<td>Drinking Water Safety (2%)</td>
<td>Safe Drinking Water Information System</td>
</tr>
<tr>
<td>BUILT ENVIRONMENT (6%)</td>
<td>Limited Access to Healthy Foods (2%)</td>
<td>Food Environment Atlas</td>
</tr>
<tr>
<td></td>
<td>Fast Food Restaurants (2%)</td>
<td>County Business Patterns</td>
</tr>
<tr>
<td></td>
<td>Access to Recreational Facilities (2%)</td>
<td>County Business Patterns</td>
</tr>
</tbody>
</table>
CHANGES FOR 2013

- Updated website to make our model and our methods more easily accessible – for data and for taking action
- New measures – quick review
  - Ranked Measures: Dentists and Water Quality
  - Additional Measures
ADDITIONAL MEASURES

- Age-adjusted mortality for residents under age 75
- Crude mortality rate for residents under age 18
- Crude mortality rate for infants under age 1
- Percent of children under age 18 without health insurance
- Percentage of population living within half a mile of a park
REGIONAL RESULTS

- Excessive drinking rates are highest in the northern states.
- Rates of teen births, sexually transmitted infections, and children in poverty are highest across the southern states.
- Unemployment rates are lowest in the northeastern, Midwest, and central plains states.
- Motor vehicle crash deaths are lowest in the northeastern and upper Midwest states.
Five Healthiest
1. Ozaukee
2. Kewaunee
3. St. Croix
4. Pierce
5. Door

Five Least Healthy
68. Forest
69. Adams
70. Marquette
71. Milwaukee
72. Menominee
2013 Wisconsin: Health Factors Results

Five Healthiest
1. Ozaukee
2. Waukesha
3. Dane
4. LaCrosse
5. Washington

Five Least Healthy
68. Juneau
69. Clark
70. Adams
71. Milwaukee
72. Menominee
OUTLINE

Rankings Model and Measures

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Wrap-Up

Questions and Answers
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 ROADMAPS

- Action Center
- *Roadmaps to Health*
  Community Grants
- *RWJF Roadmaps to Health Pri.*
- Partner Organizations
ROADMAPS TO HEALTH ACTION CENTER

http://www.countyhealthrankings.org/roadmaps/action-center
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
**RWJF ROADMAPS TO HEALTH PRIZE**

2012-2013 prize Winners announced February 21, 2013

[www.rwjf.org/goto/prize](http://www.rwjf.org/goto/prize)
Shared commitment to improving health by making communities healthier places to live, learn, work and play

Network of local members or affiliates

System for providing support and coaching to local members or affiliates
COMMUNITY GRANTS

- 2 year state and local efforts among policymakers, business, education, health care, public health and community organizations.

- Second round of 18 grantees began their work in December.

- A total of 30 organizations have been funding to address the social and economic factors that drive health.
OUTLINE

Rankings Model and Measures

County Health Roadmaps

Wrap-Up

Questions and Answers
“When you take the expertise of the health department and you join that expertise with the community agencies and the human services department and the police department—if we join these efforts together, we have a much greater opportunity to actually have impact” – Ellen Semonoff, Asst City Manager
“..we all realized that we’re all linked to each other, and that our public safety officers would not succeed without our education leaders, our education leaders would not succeed without our faith communities, and our business communities and our social service sector need all the community to be involved.” -- Mary Lou Goeke
• Where you live matters to your health

• Where counties are doing well and where there are opportunities for improvement

• It takes all of us working together in a coordinated fashion to improve the health of a community
STAYING CONNECTED

e-Newsletter: chr@match.wisc.edu
ACKNOWLEDGEMENTS

‣ Robert Wood Johnson Foundation
  – Including Abbey Cofsky, Brenda Henry, Michelle Larkin, Jim Marks, Joe Marx

‣ Wisconsin County Health Rankings & Roadmaps Team
  – Including Patrick Remington, Bridget Catlin, David Kindig, Amanda Jovaag, Julie Willems Van Dijk, Angela Russell, Alison Bergum

‣ Our Partners
  – Including Burness Communications, Community Catalyst, United Way Worldwide, NBCH, NACo, ASTHO, NACCHO, NNPHI, Dartmouth Institute, CDC, NCHS
OUTLINE

Rankings Model and Measures
County Health Roadmaps
Wrap-Up
Questions and Answers
THANK YOU!

Angela Russell, MS  
Angela.russell@match.wisc.edu

Community Engagement Lead  
University of Wisconsin  
Population Health Institute
Using County Health Rankings & Roadmaps to Drive County Change

The Howard County Experience

Elizabeth Edsall Kromm
Policy Director, Howard County Government

Nikki Highsmith Vernick
President and CEO, The Horizon Foundation

October 10, 2013
Agenda

- Quick stats for Howard County, MD
- The making of the **Howard County Health Survey**
  - Partners, process, methods and results
- Survey use case studies
  - Local Planning
  - Horizon’s Howard County Unsweetened Campaign
  - Access to Locally Grown Produce
  - Access to Affordable Care
- Lessons learned and key takeaways
Quick Stats – Howard County
Howard County, MD Population (2012)
Total Residents = 299,430

- White (non-Hispanic): 59%
- Black (non-Hispanic): 14%
- Asian (non-Hispanic): 17%
- Hispanic: 6%
- Other (non-Hispanic): 4%

Foreign Born = 17.2%
Median Age = 38 years
# Highly Educated and Compensated

<table>
<thead>
<tr>
<th></th>
<th>Howard County</th>
<th>Maryland</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Diploma or higher</td>
<td>95%</td>
<td>87%</td>
<td>84.2%</td>
</tr>
<tr>
<td>Bachelor Degree</td>
<td>57.8%</td>
<td>34.5%</td>
<td>27.2%</td>
</tr>
<tr>
<td>Professional Degree</td>
<td>27.6%</td>
<td>15.2%</td>
<td>9.06%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Howard County</th>
<th>Maryland</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Household Income (‘09-’11)</td>
<td>$104,375</td>
<td>$71,294</td>
<td>$51,484</td>
</tr>
</tbody>
</table>
Healthiest County in Maryland
4 years running
Howard County Deaths (2012)

Up to 56% of Deaths from Chronic Disease
Additional data needed . . .

Accurate and reliable estimates of current health status and risk by:

<table>
<thead>
<tr>
<th></th>
<th>Race</th>
<th>Ethnicity</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>Geography</td>
<td>Parent Status</td>
<td>Chronic Disease Diagnosis</td>
</tr>
<tr>
<td>Age</td>
<td>Employment</td>
<td>Marital Status</td>
<td>???</td>
</tr>
</tbody>
</table>
Why so little access to data?

- Cost of data collection
- Tight budget times – serving people vs. administer survey

Data sharing concerns

Individual stakeholders collect data for different purposes
We agreed on:

- Survey Content
- Survey Methodology
- Timeline
- Cost Sharing
- Results Sharing
- Created factsheets on Access to Care, Chronic Disease, Healthy Weight, Exercise & Nutrition, Mental Health and Addiction, and Tobacco Use

- Check out: www.howardcountyhealthsurvey.com
Survey Use Case Studies

- Local Planning
- Howard County Unsweetened
- Access to Locally Grown Produce (*future*)
- Access to Affordable Care
Local Planning

- Howard County Health Department used data in community health planning process
- The Horizon Foundation used data in strategic planning process and for evaluation purposes
- The Howard County General Hospital used data in community health assessment work tied to IRS requirements
- The Columbia Association used data to support the refining of its mission
Unified Key Priority Areas

- Reducing childhood and adult obesity
- Increasing access to quality, affordable health care
## Howard County

### Health Behaviors

<table>
<thead>
<tr>
<th>Health Behavior</th>
<th>Howard County</th>
<th>Error Rate</th>
<th>Maryland</th>
<th>National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult smoking</td>
<td>9%</td>
<td>7-10%</td>
<td>16%</td>
<td>13%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>25%</td>
<td>22-28%</td>
<td>28%</td>
<td>25%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>18%</td>
<td>15-20%</td>
<td>24%</td>
<td>21%</td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>15%</td>
<td>13-17%</td>
<td>15%</td>
<td>7%</td>
</tr>
<tr>
<td>Motor vehicle crash death rate</td>
<td>7</td>
<td>6-8</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>203</td>
<td>454</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td>Teen birth rate</td>
<td>13</td>
<td>12-14</td>
<td>32</td>
<td>21</td>
</tr>
</tbody>
</table>
Every day we make choices about what to eat and how often to move our bodies. Inactivity and unhealthy foods and drinks may lead to being overweight or obese. How are Howard County residents’ eating and exercise habits measuring up?

### Weight by gender
- **Total**
  - Obese: 22%
  - Overweight: 34%
- **Men**
  - Obese: 22%
  - Overweight: 39%
- **Women**
  - Obese: 23%
  - Overweight: 29%

### Overweight by race
- **African American**: 70%
- **Native American/Other**: 62%
- **White**: 55%
- **Asian**: 45%
- **Hispanic**: 39%

### Percentage of residents who are overweight or obese, according to their BMI
- **West County**: 51%
- **Ellicott City**: 55%
- **Columbia**: 58%
- **Elkridge**: 60%
- **Laurel**: 60%

- **Maryland**: 65%

---

The CDC recommends that children and adolescents get an hour or more of exercise each day.

Adults need at least 2 hours and 30 minutes of weekly medium-intensity exercise (such as water aerobics or light gardening) OR 1 hour and 15 minutes of weekly high-intensity exercise (such as jogging or jumping rope).

- **35%** Advised to lose weight
- **10%** Parents who have been told their child should lose weight by a doctor

- **88%** Got exercise such as walking, running or swimming in the last month

- **Men**
  - 37%
- **Women**
  - 47%

---

**Days of exercise in a week**
- 4-7: 40%
- 2-3 times: 36%
- Once or less: 23%
Data Revealed:

- Black residents were significantly more likely to report being overweight or obese (70% vs. 56%)
- Black residents reported drinking significantly more sugary drinks each day compared to white residents
- Parents reported that their youngest child drank fewer sugary drinks than would be expected given national studies
Our Response:

- Engage the Black community in increasing healthier beverage options in schools, government offices, and the community.
- Specifically, enlist the help of the African American Community Roundtable to help educate black families about the impact of sugary drink consumption.
- Dive deep to understand youth sugary drink consumption (e.g., conduct 6th Grade Survey).
Access to Locally Grown Produce
Data Revealed:

How often each day do Howard County residents eat ...

- **Fruit**
  - 5+ servings: 3%
  - 3-4 servings: 11%
  - 1-2 servings: 51%
  - <1 serving: 35%
  
  CDC recommends 2 or more a day.

- **Vegetables (that aren’t fried)**
  - 5+ servings: 3%
  - 3-4 servings: 8%
  - 1-2 servings: 61%
  - <1 serving: 28%
  
  CDC recommends 3 or more a day.
Data Revealed:

Who isn’t getting enough fruits and vegetables?

54% of those earning less than $50,000 are getting less than one serving of fruit/day.

39% are eating less than one serving of vegetables daily.

African Americans, Asians and Native American/Other residents are more likely to report eating less than one serving of fruits and vegetables daily.
Our Potential Response:

- **Food Policy Council**
  - County’s FY14 operating budget
  - Food Hub and food incubator focused
  - Increase access to affordable fruits and vegetables
  - Mobile farmers markets with SNAP benefits
  - Use HCHAS to refine goals
<table>
<thead>
<tr>
<th>Clinical Care</th>
<th>Howard County</th>
<th>Error Rate</th>
<th>Maryland</th>
<th>National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Uninsured</strong></td>
<td>9%</td>
<td>8-10%</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Primary care physicians</strong> **</td>
<td>577:1</td>
<td>1,153:1</td>
<td>1,067:1</td>
<td></td>
</tr>
<tr>
<td><strong>Dentists</strong> **</td>
<td>1,447:1</td>
<td>1,587:1</td>
<td>1,516:1</td>
<td></td>
</tr>
<tr>
<td><strong>Preventable hospital stays</strong></td>
<td>50</td>
<td>48-53</td>
<td>63</td>
<td>47</td>
</tr>
<tr>
<td><strong>Diabetic screening</strong></td>
<td>86%</td>
<td>83-90%</td>
<td>84%</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Mammography screening</strong></td>
<td>71%</td>
<td>67-75%</td>
<td>68%</td>
<td>73%</td>
</tr>
</tbody>
</table>
Access to affordable care improves quality of life and health outcomes. Without affordable access to a doctor, residents are more likely to end up in expensive emergency room care with problems that could have been prevented. Howard County has the lowest rate of uninsured residents in the state. Yet there are differences in access to care when you compare by income, race and education. What are the most common barriers in Howard County?

1 in 9 residents with incomes less than $50k have ended up in the ER because they could not get a timely appointment with a doctor.

More can be done about uninsured residents

17,965
Uninsured residents (6%)

Residents who could not see a doctor because of cost in the last 12 months, by race

Uninsured* by education

*Includes those unsure of insurance status

1 County Health Rankings, Behavioral Risk Factor Surveillance System
Data Revealed:

- Black, Hispanic, and Asian residents were significantly more likely to report being uninsured than white residents.
- Residents living in two particular sections of the county were most likely to report being uninsured.
- Self-employed residents, those reporting less income, and those reporting less education were significantly more likely to report being uninsured.
Our Response:

- Engage the Black, Hispanic and Asian communities in educational and enrollment efforts related to the ACA
- Plan outreach and enrollment events targeted to at-risk residents and businesses (e.g., the self-employed, minority communities, lower income individuals, less educated individuals, those living in Ellicott City and Elkridge)
- Develop metrics to measure success of enrollment efforts using the HCHAS as baseline data.
Lessons Learned

- Handling sheer volume of the data
- Packaging results for the public
- Negotiating between partners
- Developing short and long term dissemination plans relevant to all agencies/organizations
Lessons Learned cont.

- Shared accountability
- Collective process of setting priorities
- Added benefits of partnerships (e.g. coalition component – school wellness)
- Local and regional funders – strategic thought partners not just grant makers
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410-313-2172

Nikki Highsmith Vernick
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(410) 715-0311
Upcoming NACo Activities

• **Webinar**: Incorporating Health Outcomes when Making Planning Decisions in Your County. Contact Katie Bess, kbess@naco.org for more information, http://www.naco.org/webinars

• **County Health Rankings & Roadmaps Webinar Series**
  – http://www.countyhealthrankings.org/webinars

**Roadmaps to Health Forum**
Sharing a Vision and Commitment to Improve County Health
October 31 - November 1, 2013
Madison (Dane County), Wis.
Contact: Katie Bess, 202.942.4215 or kbess@naco.org
http://www.naco.org/ImprovingCountyHealth
SAVE THE DATE

The 2014 Healthy Counties Initiative Forum: Improving Health in a Climate of Change

January 30 - 31, 2014

Join your peers for an innovative forum on catalyzing, advancing, and sustaining health changes in your county.

San Diego County, CA

Contact Emmanuelle St. Jean, MPH, Program Manager, 202.942.4267 or estjean@naco.org
http://www.naco.org/HealthyCountiesInitiative
Thank you for participating in NACo’s webinar

For more information, visit:

NACo’s Improving County Health Webpage
www.naco.org/improvingcountyhealth

County Health Rankings & Roadmaps
www.countyhealthrankings.org

Robert Wood Johnson Foundation
www.rwjf.org

University of Wisconsin Population Health Institute
www.uwphi.pophealth.wisc.edu

For questions about this webinar, please contact
kbess@naco.org