

2016 County Health Rankings: Common County Questions and Answers

National Association of Counties
March 10, 2016

Stronger Counties. Stronger America.



Tips for viewing this webinar

- The questions box and buttons are on the right side of the webinar window.
- This box can collapse so that you can better view the presentation. To unhide the box, click the arrows on the top left corner of the panel.
- If you are having technical difficulties, please send us a message via the questions box on your right. Our organizer will reply to you privately and help resolve the issue.

Webinar recording and evaluation survey

- This webinar is being recorded and will be made available online to view later or review.
- After the webinar, you will see a pop-up box containing a webinar evaluation survey. Thank you in advance for completing this survey – your feedback is very important to us!

Question & Answer instructions

- Type your question into the “Questions” box at any time during the presentation, and the moderator will read the question on your behalf during the Q&A session.

NACo's work with the *County Health Rankings & Roadmaps* program

NACo's partnership with the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute is designed to strengthen the ability of counties to deal effectively with the challenges of creating a culture of health and to help county officials take a leadership role toward positive community health impact.

As part of those efforts, three county teams were selected to participate in the NACo County Health Learning Challenge:

- Cabarrus County, N.C.
- Knox County, Tenn.
- Salt Lake County, Utah

Learn more about our partnership at www.naco.org/county-health-rankings

Today's Speakers



Katie Wehr
Program Officer
Robert Wood Johnson Foundation



Julie Willems Van Dijk
Co-Director
County Health Rankings & Roadmaps Program



Steve Morris
Commissioner
Cabarrus County, N.C.



Lauren Thomas
Executive Director
Healthy Cabarrus
Cabarrus County, N.C.

2016 COUNTY HEALTH RANKINGS RELEASE: WHAT'S IN IT FOR YOU?

National Association of Counties

March 10, 2016



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

Support
provided by

Robert Wood Johnson
Foundation

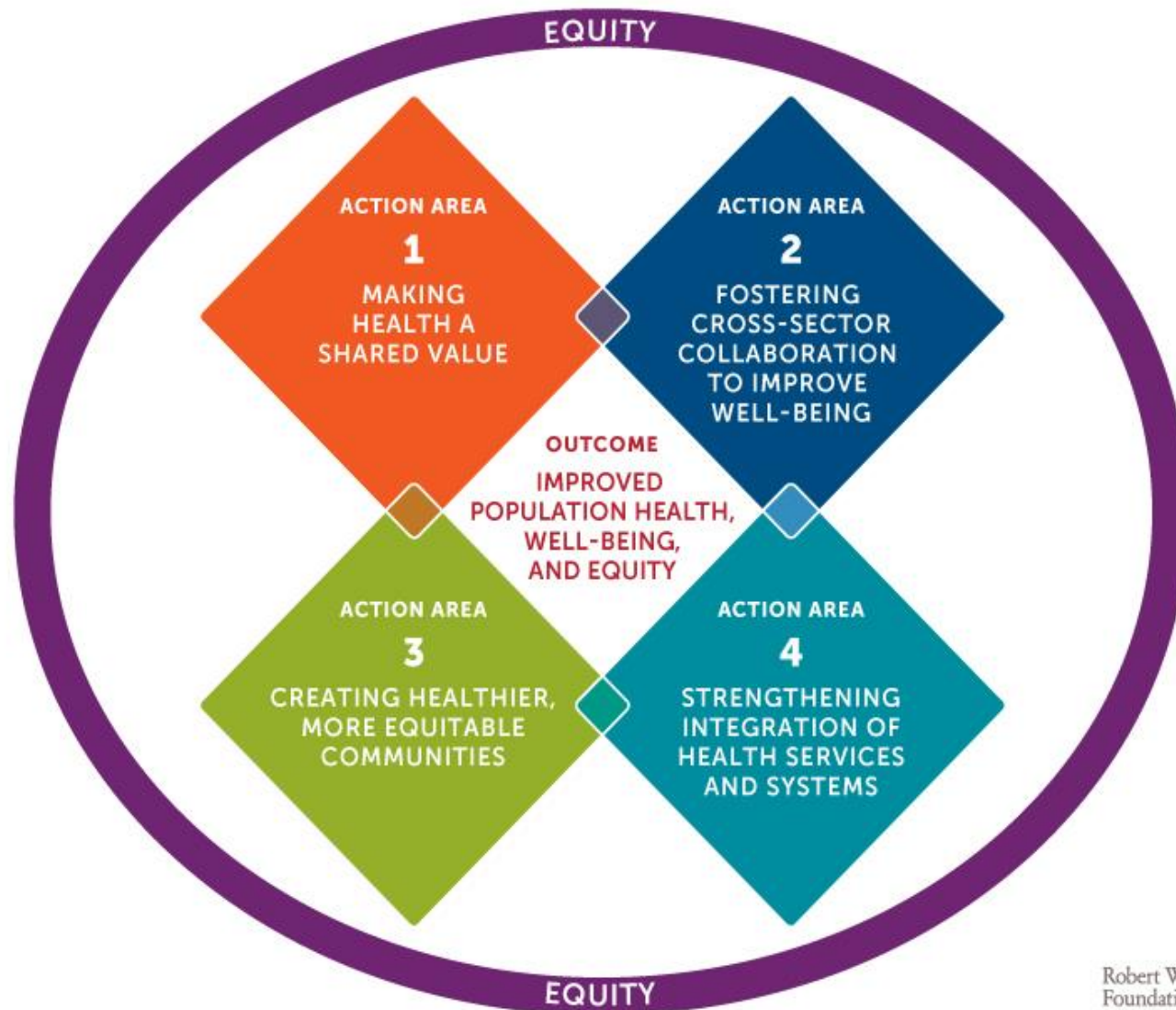


OUTLINE

- ▶ Robert Wood Johnson Foundation's Culture of Health Framework
- ▶ Common Questions about the *County Health Rankings & Roadmaps*
- ▶ Resources available for the March 16th *County Health Rankings* release
- ▶ Cabarrus County's Health Improvement Journey
- ▶ Q & A



CULTURE OF HEALTH ACTION FRAMEWORK

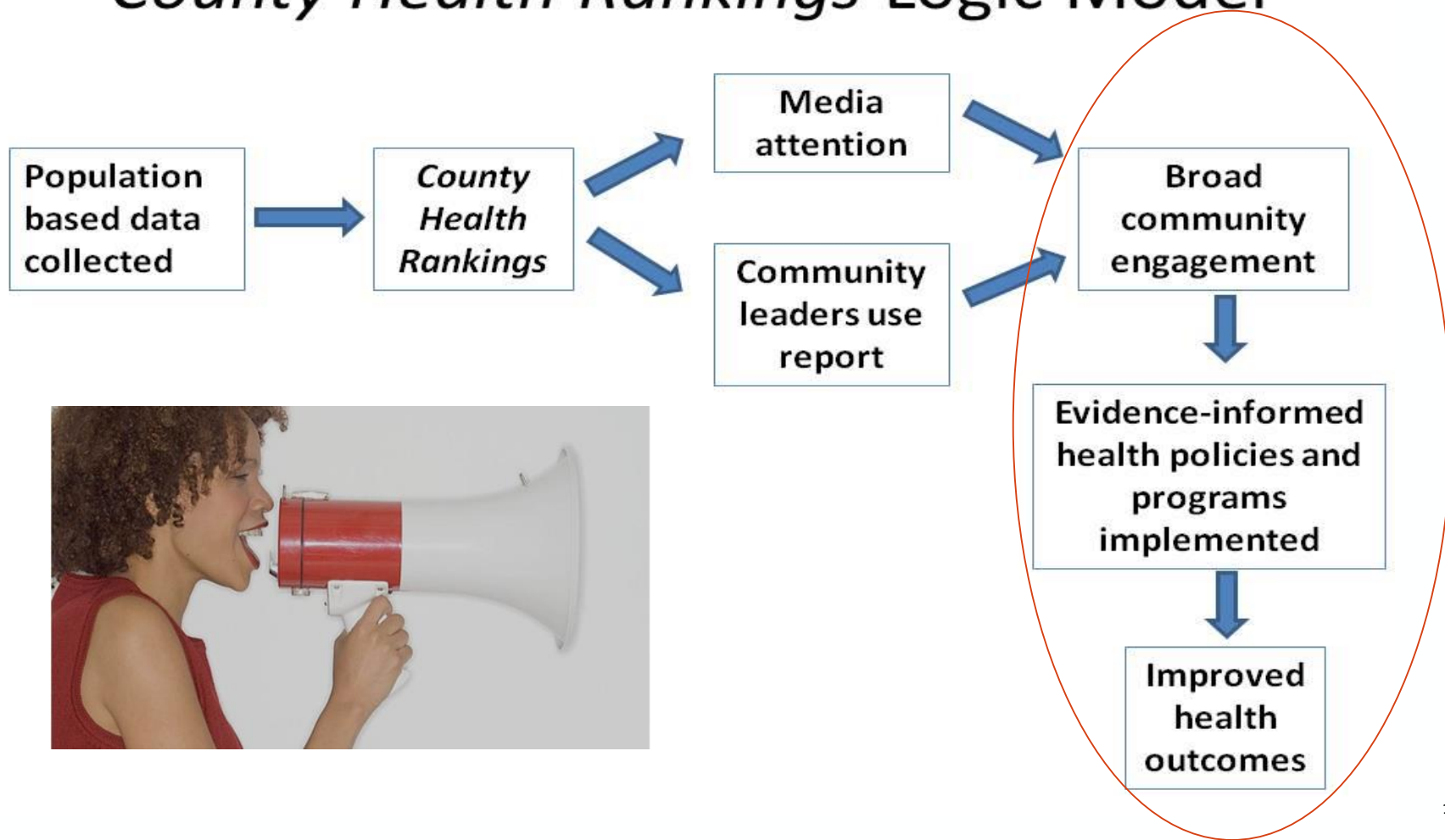


HOW CAN MY COUNTY USE THE *RANKINGS* TO DRIVE ENGAGEMENT AMONG RESIDENTS, LOCAL BUSINESSES AND OTHER COMMUNITY PARTNERS?

County Health Rankings Logic Model



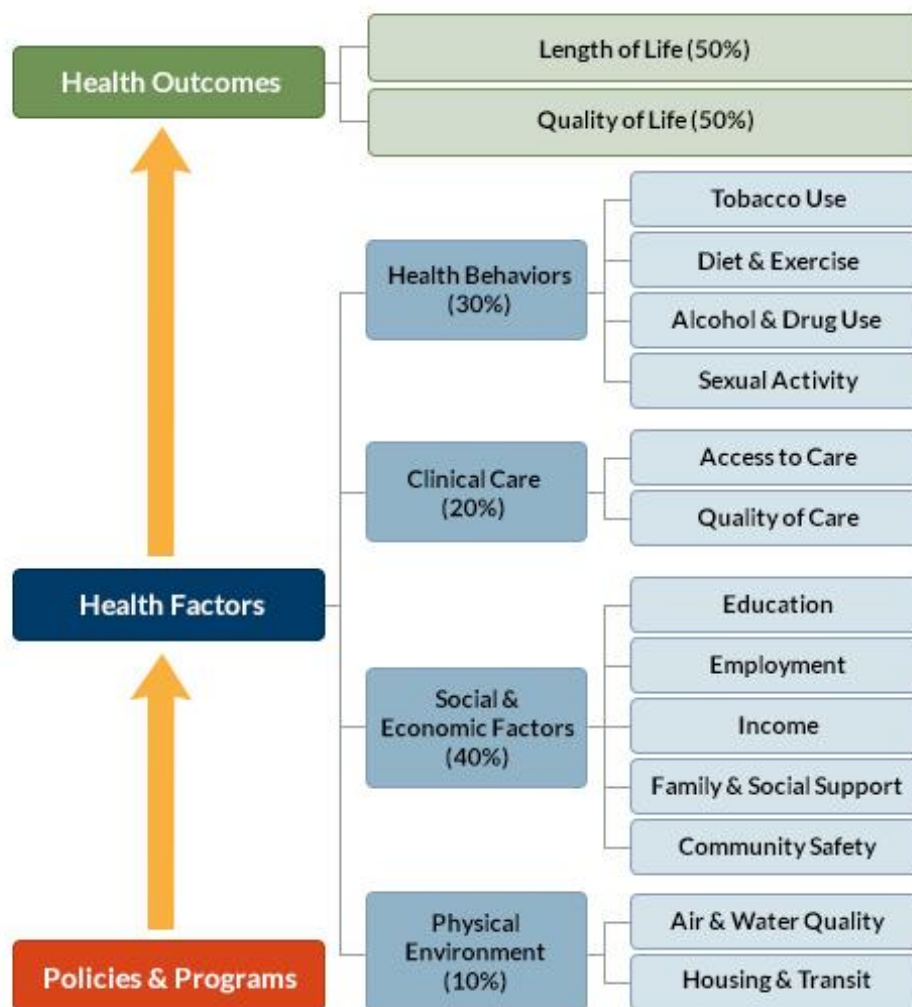
County Health Rankings Logic Model



County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program



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OHIO

2016

Tweet

G+1 0

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Overview

Rankings

Measures

Downloads

Compare Counties

Select a county

Print Help

Back To Map

Select a Ranking:

HEALTH OUTCOMES

OVERALL RANK



Rank County

- 1 Delaware (DL)
- 2 Geauga (GE)
- 3 Putnam (PU)
- 4 Union (UN)
- 5 Medina (ME)
- 6 Warren (WA)
- 7 Mercer (MC)
- 8 Holmes (HL)
- 9 Wood (WO)
- 10 Henry (HY)
- 11 Auglaize (AU)
- 12 Warrick (WR)

Franklin (FR)

☐ Show areas to explore ☐ Show areas of strength

County Demographics +

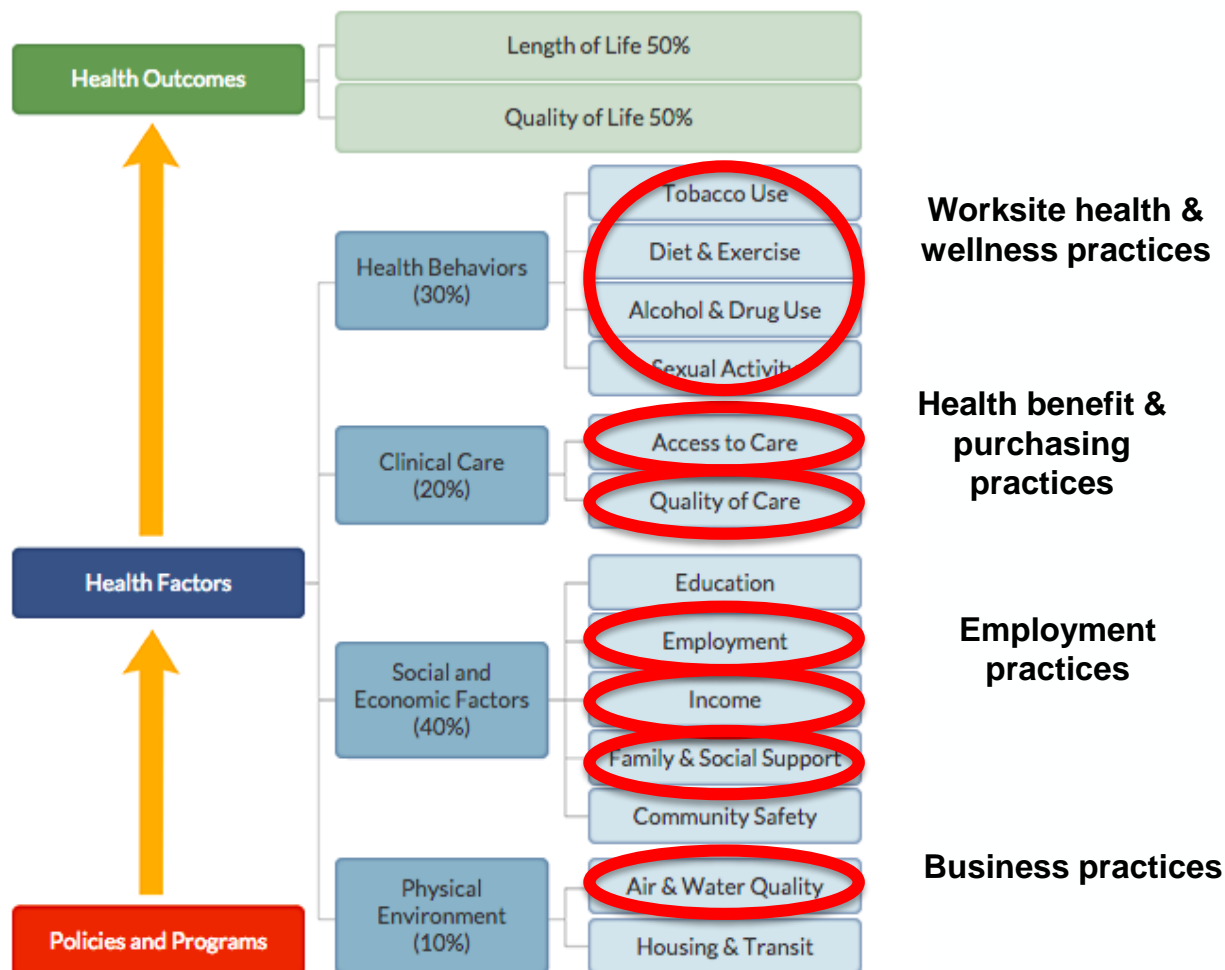
	Franklin County	Trend	Error Margin	Top U.S. Performers^	Ohio	Rank (of 88)
Health Outcomes						58
Length of Life						46
Premature death	7,600		7,400-7,800	5,200	7,500	
Quality of Life						67
Poor or fair health	17%		17-17%	12%	16%	
Poor physical health days	3.9		3.8-4.1	2.9	3.8	
Poor mental health days	4.1		4.0-4.2	2.8	4.0	
Low birthweight	9%		9-10%	6%	9%	

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

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Internal Impacts



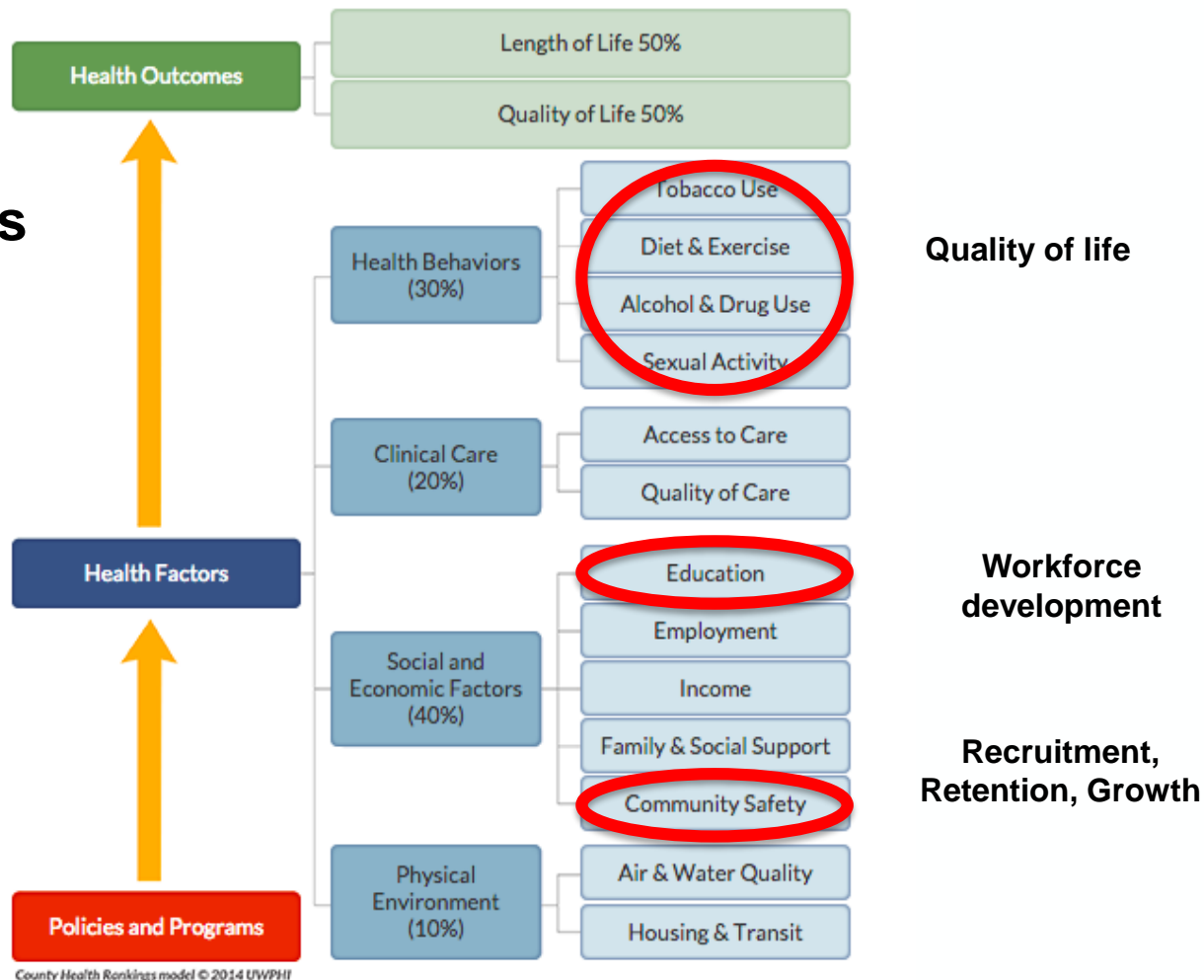
County Health Rankings model © 2014 UWPHH

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Beyond Your Walls



WHAT IS NEW THIS YEAR AND HOW MIGHT IT AFFECT MY RANKINGS?

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) MEASURES

- ▶ Ranked measures:
 - Poor or fair health
 - Poor physical health days
 - Poor mental health days
 - Adult smoking
 - Excessive drinking
- ▶ **Additional measures**
 - **Frequent physical distress**
 - **Frequent mental distress**
 - **Insufficient sleep**

BRFSS MEASURES

- ▶ Why are we seeing these changes?
 - Change in measure over time
 - Inclusion of cell phone respondents
 - Modeling

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*Revised
County
Snapshot—
with
Ranked and
Additional
measures*

Hawaii (HA)

☐ Show areas to explore ☐ Show areas of strength

County Demographics +

	Hawaii County	Trend 	Error Margin	Top U.S. Performers*	Hawaii	Rank (of 4)
Health Outcomes						4
Length of Life						4
Premature death	6,800		6,300- 7,200	5,200	5,700	
Quality of Life						4
Poor or fair health	17%		16-17%	12%	13%	
Poor physical health days	3.6		3.5-3.7	2.9	2.8	
Poor mental health days	3.3		3.2-3.4	2.8	2.8	
Low birthweight	8%		8-8%	6%	8%	

Additional Health Outcomes (not included in overall ranking) +

Health Factors						4
Health Behaviors						4
Adult smoking	18%		17-18%	14%	14%	
Adult obesity	24%		22-25%	25%	22%	
Food environment index	6.8			8.3	7.7	

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**New
feature—
Show
areas of
strength**

Hawaii (HA)

☐ Show areas to explore ☒ Show areas of strength

County Demographics +

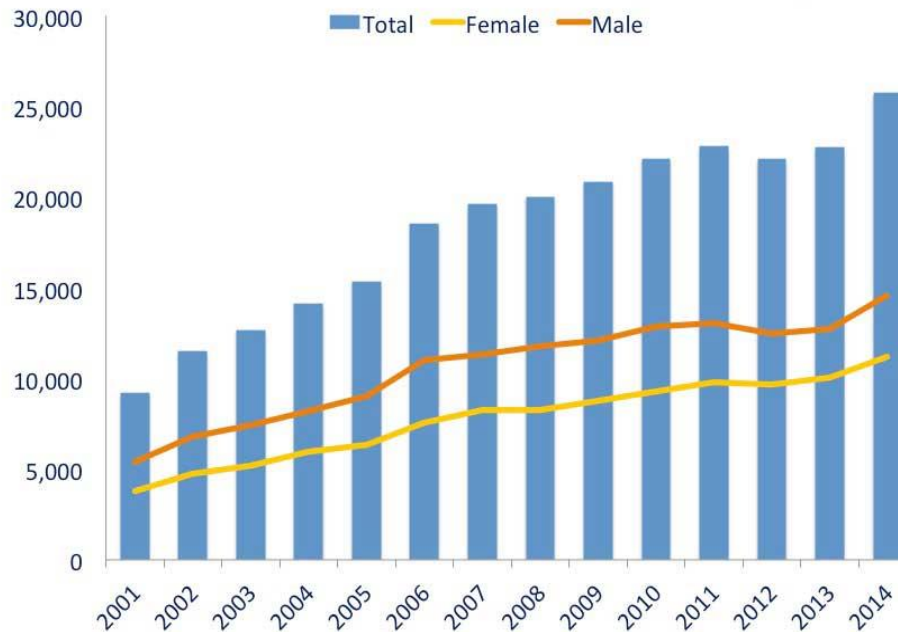
	Hawaii County	Trend 	Error Margin	Top U.S. Performers*	Hawaii	Rank (of 4)
Social & Economic Factors						4
High school graduation	83%				83%	
Some college	53%		50-56%	72%	67%	
Unemployment	5.5%			3.5%	4.4%	
Children in poverty	25%		20-31%	13%	15%	
Income inequality	5.3		4.9-5.6	3.7	4.3	
Children in single-parent households	38%		34-42%	21%	29%	
Social associations	6.7			22.1	6.6	
Violent crime	254			59	263	
Injury deaths	67		62-72	51	53	

DRUG OVERDOSES - MODELED



National Overdose Deaths

Number of Deaths from Prescription Drugs



Source: National Center for Health Statistics, CDC Wonder

RESIDENTIAL SEGREGATION

Why does it matter?

RESIDENTIAL SEGREGATION

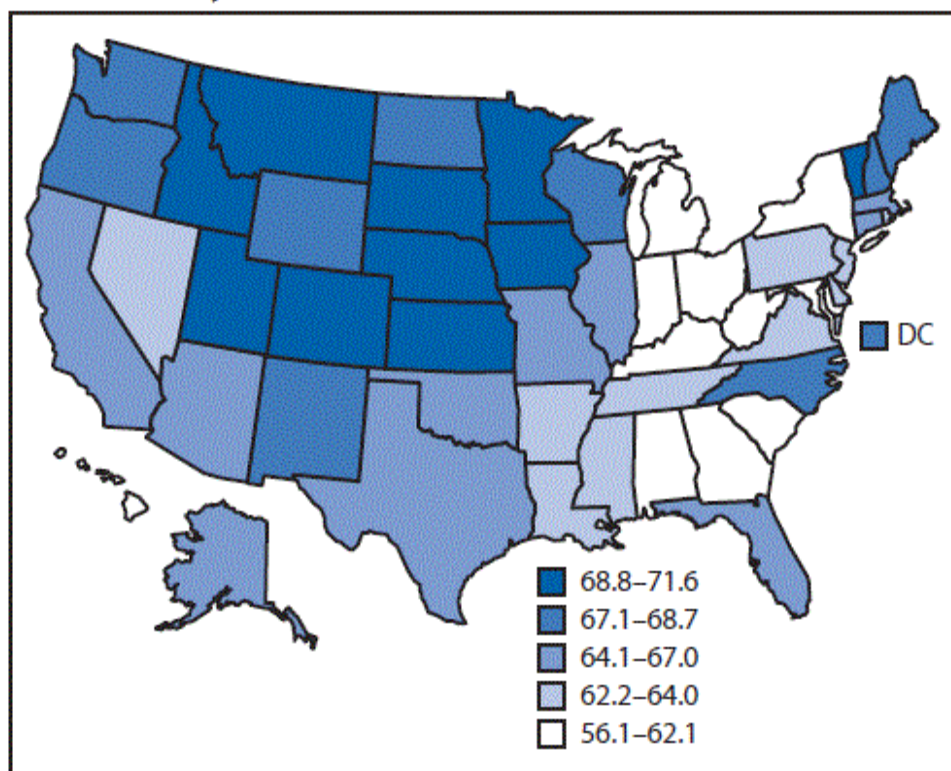
- ▶ A county with 100 residents
 - 50 black
 - 50 white
- ▶ In this example, 30 out of 50 or 60% of residents (either black or white) would have to move in order for both neighborhoods to have equivalent distributions.



INSUFFICIENT SLEEP

Map of SUFFICIENT SLEEP

Behavioral Risk Factor Surveillance System, United States, 2014



CAN I COMPARE MY COUNTY'S RANKS AND MEASURES WITH THOSE FOR A PEER COUNTY—EVEN ONE IN A DIFFERENT STATE?

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New! Compare counties in different states.

Ranked Measures | [Additional Measures](#)

Rock Island (RO) , IL **X**

Henry (HN) , IL **X**

Mercer (MR) , IL **X**

Scott (SC) , IA **X**

Health Outcomes

Length of Life

Premature death	7,000	6,400	7,800	6,400
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Quality of Life

Poor or fair health	15%	13%	12%	12%
Poor physical health days	3.6	3.3	3.2	3.1
Poor mental health days	3.5	3.4	3.3	3.0
Low birthweight	7%	7%	6%	7%

Health Factors

Health Behaviors

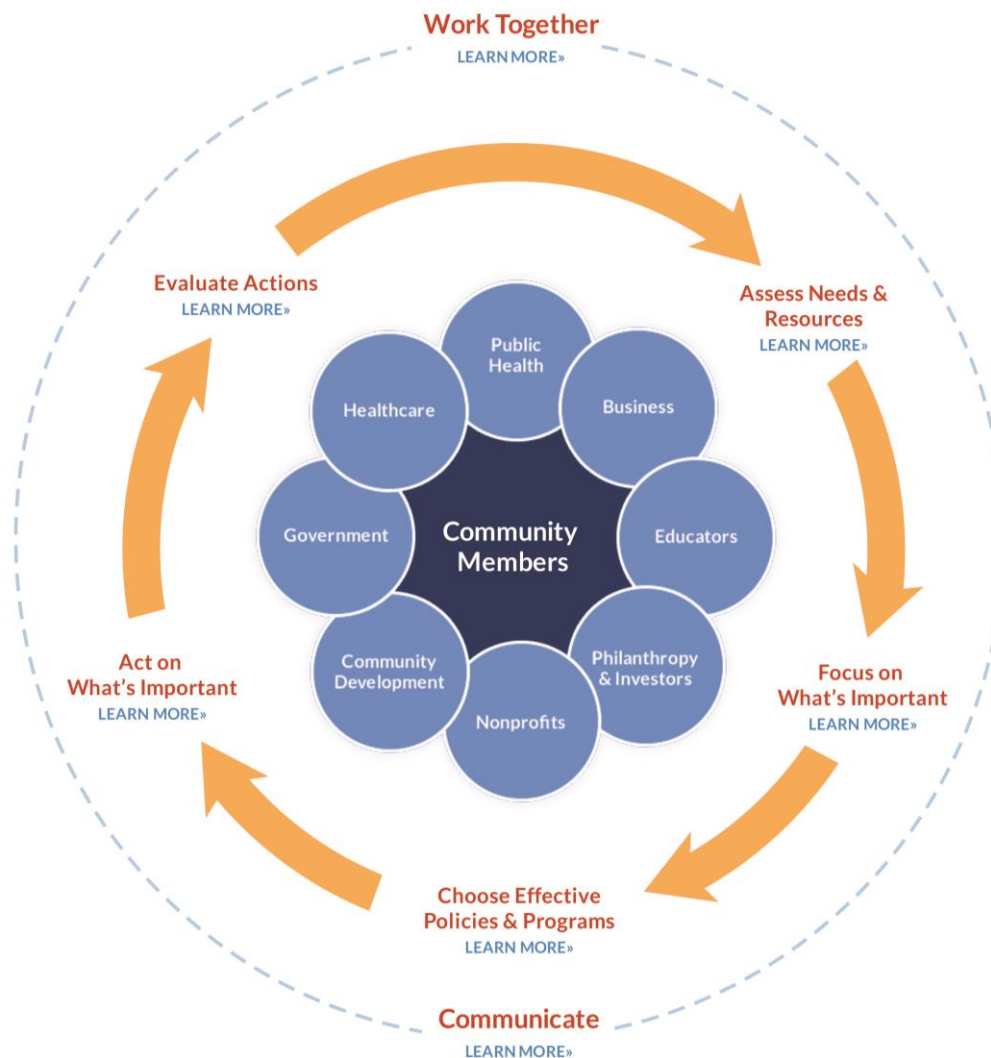
Adult smoking	16%	15%	14%	18%
Adult obesity	31%	31%	31%	31%

**IF MY COUNTY HAS RECEIVED A LOW
RANK EACH YEAR THE *RANKINGS* HAVE
BEEN RELEASED, HOW CAN WE KEEP
OUR MOTIVATION TO KEEP WORKING?**

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How a Low Ranking on Health Mobilized Wyandotte County, Kansas

March 21, 2011

Partners

Community Member
Educators
Business
Government
Public Health Professionals and
Advocates

Action Cycle Stages

Act on What's Important

Strategy Types

Policy
Program
Systems Change

Health Factors

Access to Care
Housing and Transit



Mayor Joe Reardon

Unified Government of Wyandotte County
and Kansas City, Kansas



"You're not going to be the best community you can be if you don't focus on the health of your community."

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Wyandotte (WY)

☐ Show areas to explore ☐ Show areas of strength

County Demographics +

	Wyandotte County	Trend 	Error Margin	Top U.S. Performers^	Kansas	Rank (of 101)
Health Outcomes						101
Length of Life						83

Premature death	9,500		9,000-10,000	5,200	6,800
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Quality of Life 101

Poor or fair health	21%	20-21%	12%	14%
Poor physical health days	3.9	3.8-4.0	2.9	3.1
Poor mental health days	3.6	3.5-3.7	2.8	3.0
Low birthweight	8%	8-9%	6%	7%

Additional Health Outcomes (not included in overall ranking) +

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To Map

Ranking

OUTCOME

ALL RANKINGS

County

John

Thom

Loga

Potta

Doni

Steve

Wab

Doug

McPi

Jewe

Miam

Wast

Gray

Riley

Meat



View areas

Kansas

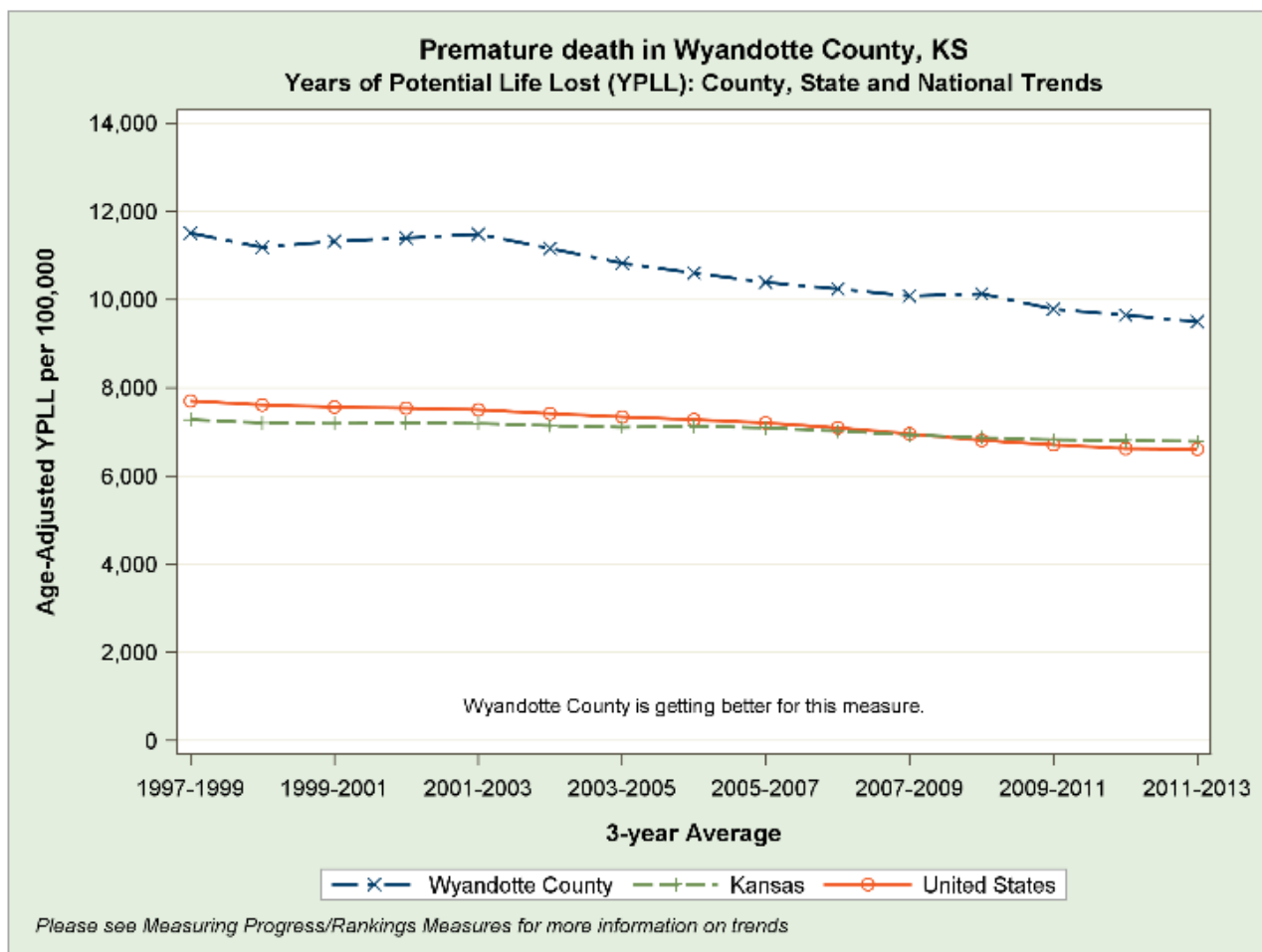
6,800

14%

3.1

3.0

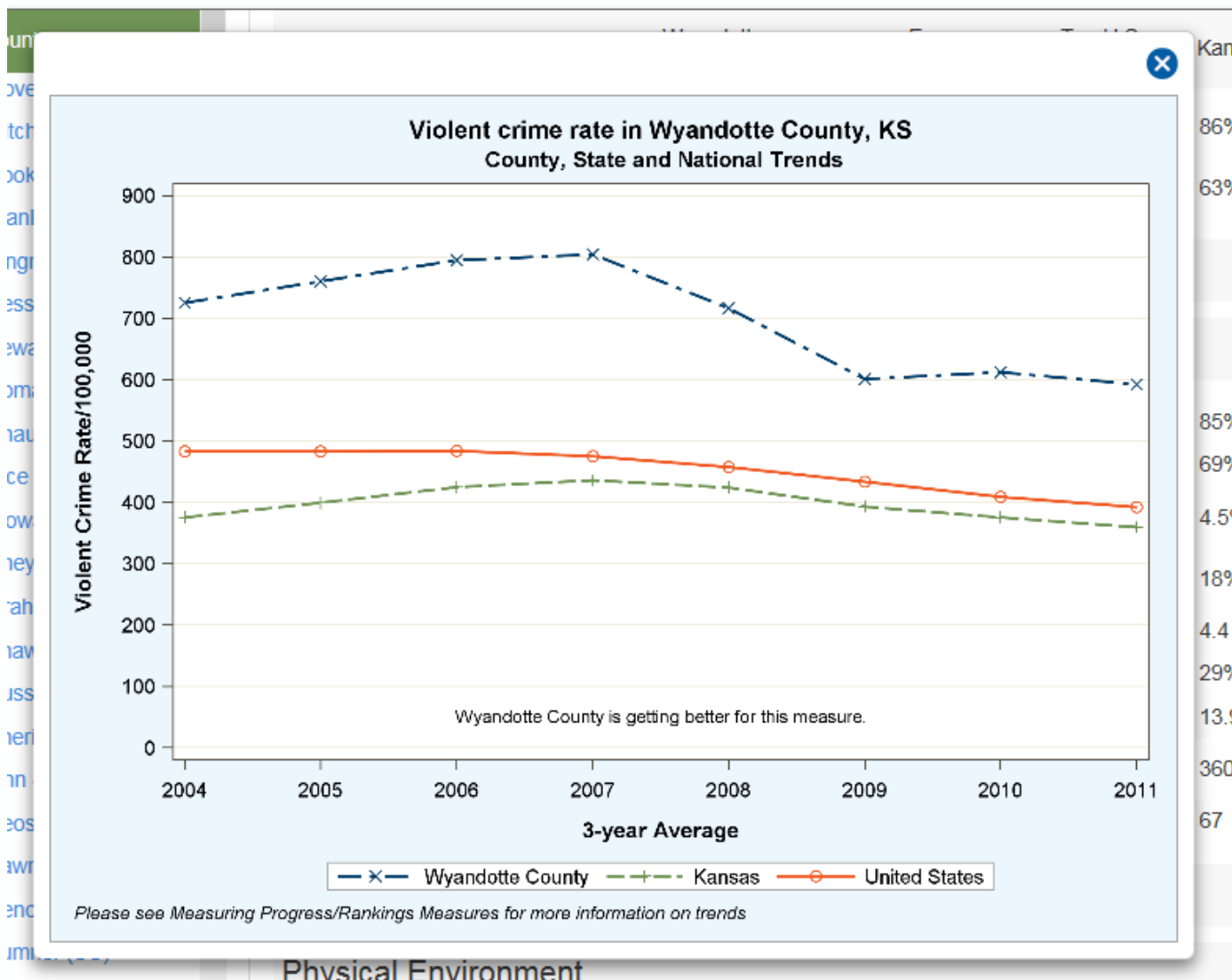
7%



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**WHAT RESOURCES ARE AVAILABLE TO
MY COMMUNITY THROUGH THE
*COUNTY HEALTH RANKINGS &
ROADMAPS* TO TARGET PROBLEM
HEALTH FACTORS AND SELECT
APPROPRIATE PROGRAMS AND
INTERVENTIONS?**

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Ready to take action, but not sure what to do next?

[GET HELP](#)

Action Steps

[Work Together](#)
[Assess Needs & Resources](#)
[Focus On What's Important](#)
[Choose Effective Policies & Programs](#)
[Act on What's Important](#)
[Evaluate Actions](#)
[Communicate](#)

Partner Guides

[Business](#)
[Community Development](#)
[Community Members](#)
[Educators](#)
[Government](#)
[Healthcare Professional and Advocate](#)
[Non-Profits](#)
[Philanthropy](#)
[Public Health Professional and Advocate](#)

Action Center

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 outside because they are needed throughout the Cycle. 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.

Roadmaps to Health [Coaching](#) is available to provide local leaders with direct support in using Action Center tools and guidance to advance health.

Select an Action Step or community member to learn more.



<http://preview.countyhealthrankings.org/roadmaps/action-center>

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Using What Works for Health

[Our Ratings](#)

[Our Methods](#)

[Our Sources](#)

[Choosing Your Strategy](#)

[BROWSE ALL POLICIES & PROGRAMS](#)

Keyword Search

GO

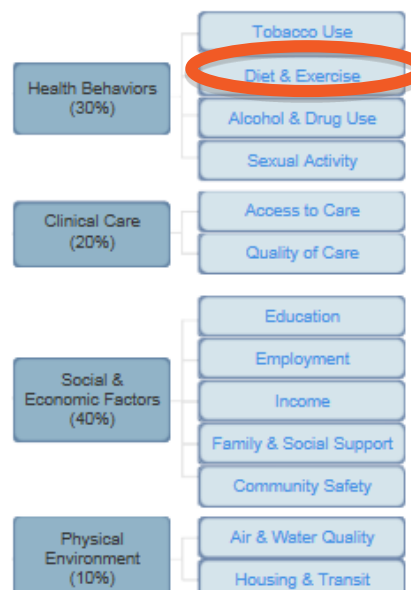
what-works-for-health/using-what-works-health

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.

WANT TO LEARN MORE? - View our 4 minute [What Works for Health Tutorial](#).

To learn more about strategies that could work in your community, select a health factor of interest (the light blue boxes on the far right) in the model below.



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HEALTH RANKINGS ▾

ROADMAPS TO HEALTH ▾

RWJF CULTURE OF HEALTH PRIZE ▾

MORE ▾



Home » Policies



Keyword Search

GO

Policies & Programs

All Policies & Programs

New Policies & Programs

Health Factors

Health Behaviors

(-) Diet and Exercise

Social and Economic Factors

Education (1)

Family and Social Support (2)

Policies & Programs, filtered by "Diet and Exercise"

Policies and programs that can improve health

72 results

Access to places for physical activity Scientifically Supported

Enhancing access to places for physical activity involves changes to local environments (e.g., creating walking trails), building exercise facilities...

Diet and Exercise

Active recess interventions Scientifically Supported

Active, semi-structured, or structured recess is a break from the school day typically before lunch that involves a variety of planned, inclusive,...

Diet and Exercise

Breastfeeding promotion programs

Evidence Rating



Scientifically Supported

Health Factors

Diet and Exercise

Decision Makers

Business

Healthcare Professionals and Advocates

Government

Public Health Professionals and Advocates

Non-Profit Leader

Breastfeeding promotion programs aim to increase breastfeeding initiation, exclusive breastfeeding, and duration of breastfeeding.

Expected Beneficial Outcomes (Rated)

- Increased breastfeeding rates

Other Potential Beneficial Outcomes

- Improved health outcomes

Evidence of Effectiveness

There is strong evidence that breastfeeding promotion programs increase initiation, duration and exclusivity of breastfeeding ([Cochrane-Renfrew 2012](#), [Cochrane-Lewin 2010](#), [Dyson 2010](#), [USPSTF-Chung 2008](#), [Cochrane-Dyson 2005](#), [CDC-Breastfeeding 2013](#)). Breastfeeding has also been shown to provide health benefits to mother and child, including reduced rates of breast and ovarian cancer for women; fewer ear infections, lower respiratory tract infections, and gastrointestinal infections for children; and lower likelihood of childhood obesity, type 2 diabetes, and asthma ([USPSTF-Breastfeeding 2008](#)).

Education interventions increase breastfeeding initiation rates ([Dyson 2010](#)), particularly in low income women ([Cochrane-Dyson 2005](#)). Face to face support ([Cochrane-Renfrew 2012](#)) and tailored education ([Cochrane-Renfrew 2012](#), [Cochrane-Dyson 2005](#)) increase the effectiveness of support efforts. Combining pre- and post-natal interventions increases initiation and duration

Policies & Programs, filtered by "Diet and Exercise" and "Government"

Policies and programs that can improve health

57 results

Active recess Scientifically Supported

Establish a break from the school day, typically before lunch, that involves planned, inclusive, actively supervised games or activities; also called semi-structured, or structured recess

Diet and Exercise

Activity programs for older adults Scientifically Supported

Offer group educational, social, or physical activities that promote social interactions, regular attendance, and community involvement among older adults

Diet and Exercise · Family and Social Support

Bike & pedestrian master plans Some Evidence

Establish a framework to increase walking and biking trails and improve connectivity of non-auto paths and trails in a particular area

Housing and Transit · Diet and Exercise

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RANKINGS ▾ **ROADMAPS** ▾ **RWJF CULTURE OF HEALTH PRIZE** More Search this site

Take action to improve your community's health

Ready to take action, but not sure what to do next?

GET HELP

Action Steps

- Work Together
- Assess Needs & Resources
- Focus On What's Important
- Choose Effective Policies & Programs
- Act on What's Important
- Evaluate Actions
- Communicate

Action Center

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.

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.

Select an Action Step or community member to learn more.

Work Together
LEARN MORE »

Evaluate Actions
LEARN MORE »

Assess Needs & Resources
LEARN MORE »

Public Health

www.countyhealthrankings.org/roadmaps/action-center

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HOW TO GET INVOLVED—MARCH 16 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

COMMUNICATIONS TOOLKIT LOG-IN INFORMATION

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

URL: <http://chrrtoolkit.org/partner/>

Username: toolkit

Password: health

Second Password: Rankings

EMBARGOED DATA

- ▶ To help you prepare for messaging during the *Rankings* release, we are providing early access to the beta version of the website, so that you can see your 2016 *Rankings*.
- ▶ This information is strictly embargoed until March 16 at 12:01 am ET

URL: preview.countyhealthrankings.org

username: county

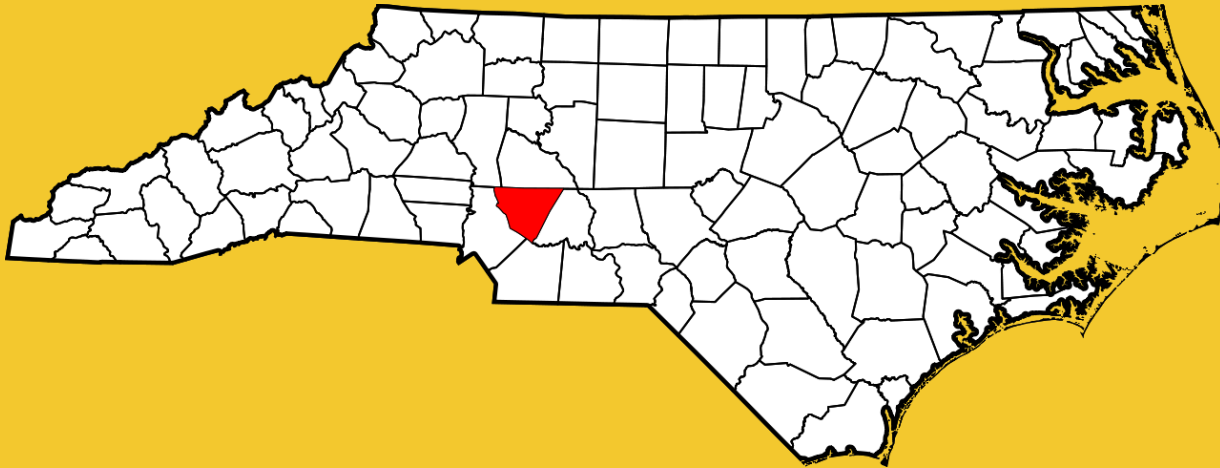
password: health

THANK YOU!

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

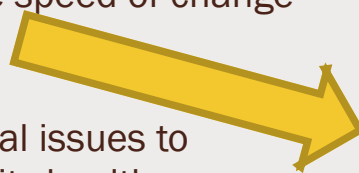
*Katie Wehr
Program Officer
Robert Wood Johnson Foundation
www.countyhealthrankings.org*

CABARRUS COUNTY, NC



Why do the Rankings matter to us?

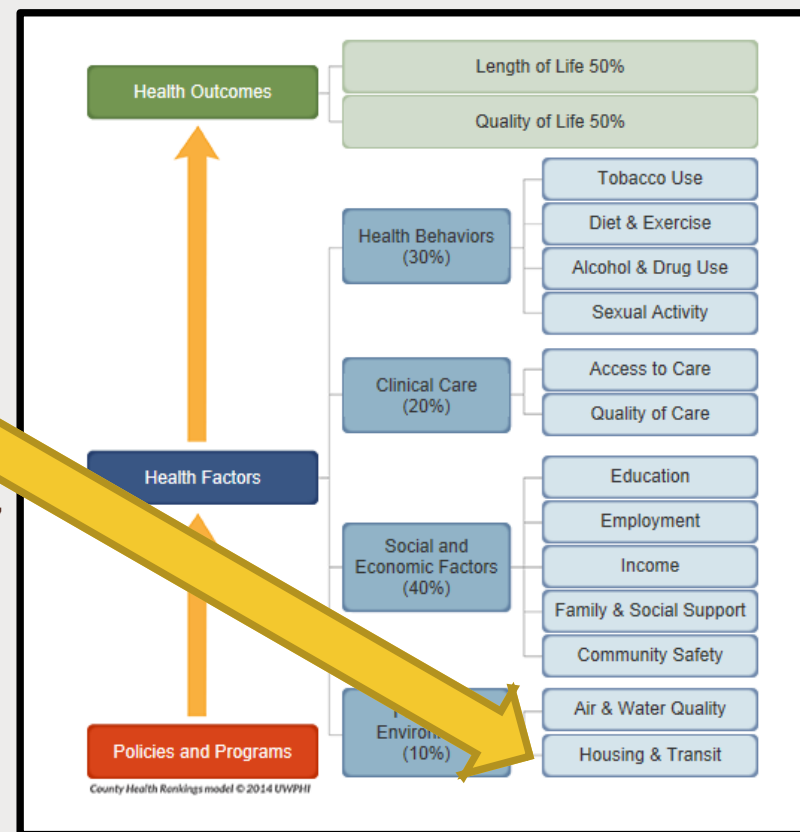
- A unique way to measure the speed of change
- Provides space for non-clinical issues to become part of the community health conversation
- Other industries rank (NCAA, higher education, golf courses)



Cabarrus County	
<u>YEAR</u>	<u>RANK</u>
2015	7
2014	9
2013	10
2012	7
2011	7
2010	9

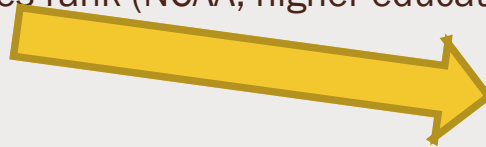
Why do the Rankings matter to us?

- A unique way to measure the speed of change
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Why do the Rankings matter to us?

- A unique way to measure the speed of change
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Keeping the Rankings in perspective

- It should not be the driver of change
 - *If focus is lost on being #1, community partners could feel strained in their current workflow*
- Acknowledge the circumstances behind the numbers
 - *“Deep diving” into the data is helpful*
- Consider balancing the quantitative with qualitative data
 - *Panel discussions, Photovoice exhibit, focus groups*

Rankings as a race metaphor



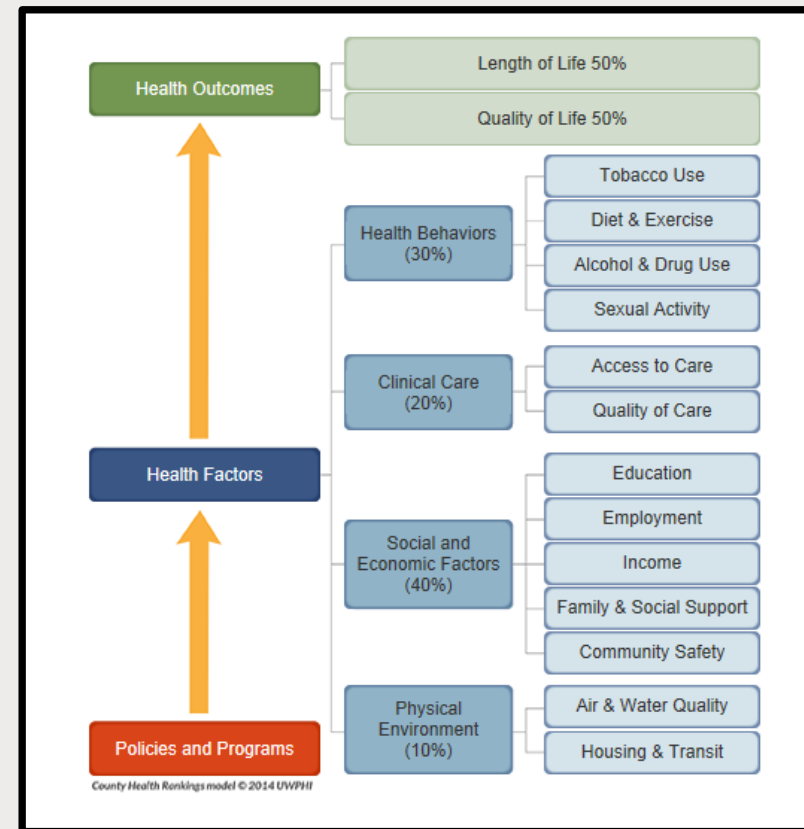
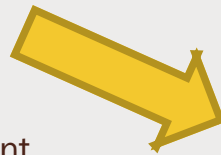
- RWJF County Health Rankings' website is a tool for those interested in running the race of community health improvement
- Rankings is an indicator on the extent to which we're making progress
 - *Every county's "personal best" is different*
- A county may mobilize and make rapid improvements around a single issue, but might "lose ground" on another issue in the same year

Rankings as a tool for change

- Recognition at the county level
- A reflection on how PLACE impacts health
- A dashboard for exploring local statistics on a surface level
- A springboard for “diving deeper” into data
- A conversation starter with other partners

Other ways we have used Rankings

- Framing our Needs Assessment process around RWJF's model to population health
- 2016 Community Needs Assessment
 - *Educating community partners around a broader definition of health*
 - *Secondary data presentations*
 - *Primary survey data*
- County Health Data Dashboard



Other ways we have used Rankings

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Cabarrus Community Planning Council

Presentation Schedule

September 2015 – May 2016

September: Orientation

October: State of North Carolina's Goals

November: Social & Economic Factors

December: Social Connectedness discussion

January: Diet & Exercise data

February: Sex & Drugs data

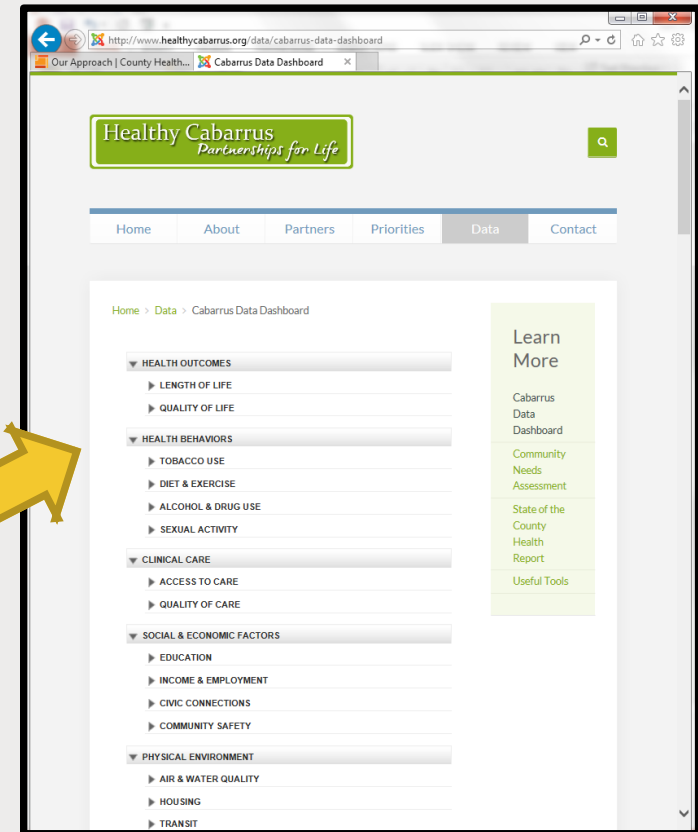
March: Physical Environment data

April: Clinical Care data

May: PRIORITIES RETREAT

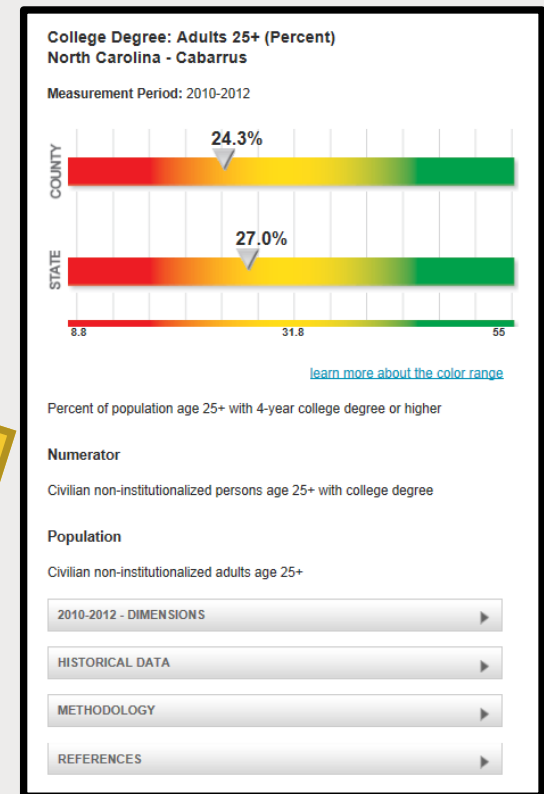
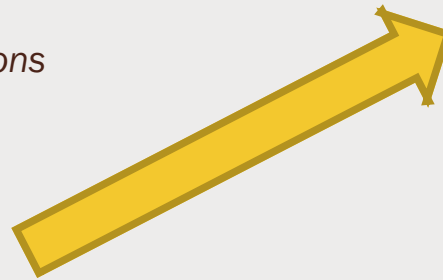
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Question & Answer session

- Type your question into the “Questions” box and the moderator will read the question on your behalf.

THANK YOU!

Additional questions or feedback?

Contact Andrew Whitacre at awhitacre@naco.org