2016 County Health Rankings: Common County Questions and Answers

National Association of Counties
March 10, 2016
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
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

**ACTION AREA 1**
Making Health a Shared Value

**ACTION AREA 2**
Fostering Cross-Sector Collaboration to Improve Well-Being

**OUTCOME**
Improved Population Health, Well-Being, and Equity

**ACTION AREA 3**
Creating Healthier, More Equitable Communities

**ACTION AREA 4**
Strengthening Integration of Health Services and Systems
HOW CAN MY COUNTY USE THE RANKINGS TO DRIVE ENGAGEMENT AMONG RESIDENTS, LOCAL BUSINESSES AND OTHER COMMUNITY PARTNERS?
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 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
### Franklin (FR)

#### County Demographics +

<table>
<thead>
<tr>
<th>Rank</th>
<th>County</th>
<th>Franklin County</th>
<th>Trend</th>
<th>Error Margin</th>
<th>Top U.S. Performers</th>
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<td>Henry (HY)</td>
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<td>11</td>
<td>Auglaize (AU)</td>
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</table>

#### Health Outcomes

**Length of Life**

- Premature death: 7,600
- 7,400-7,800
- 5,200
- 7,500

#### Quality of Life

- 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%
Internal Impacts

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 and Economic Factors (40%)
  - Education
  - Employment
  - Income
  - Family & Social Support
- Physical Environment (10%)
  - Air & Water Quality
  - Housing & Transit

Policies and Programs

Worksite health & wellness practices
Health benefit & purchasing practices
Employment practices
Business practices

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Beyond Your Walls

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%)
- Social and Economic Factors (40%)
- Physical Environment (10%)

Policies and Programs

Quality of life
Workforce development
Recruitment, Retention, Growth

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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
Revised County Snapshot—with Ranked and Additional measures

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

Additional Health Outcomes (not included in overall ranking)

<table>
<thead>
<tr>
<th>Health Factors</th>
<th>Hawaii County</th>
<th>Trend</th>
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<th>Top U.S. Performers*</th>
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<td>Health Behaviors</td>
<td>18%</td>
<td>17-18%</td>
<td>14%</td>
<td>14%</td>
<td></td>
<td>4</td>
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<tr>
<td>Adult smoking</td>
<td>24%</td>
<td>22-25%</td>
<td>25%</td>
<td>22%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult obesity</td>
<td>6.8</td>
<td>8.3</td>
<td>7.7</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>
## Hawaii (HA)

### County Demographics

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

<table>
<thead>
<tr>
<th>Neighborhood 1</th>
<th>Neighborhood 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 black residents</td>
<td>40 black residents</td>
</tr>
<tr>
<td>10 white residents</td>
<td>40 white residents</td>
</tr>
<tr>
<td>Index=60 (Highly segregated)</td>
<td>Index=0 (Complete integration)</td>
</tr>
</tbody>
</table>

| 10 black residents |
| 40 white residents |

30 whites

25 whites
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?
### Health Outcomes

**Length of Life**

<table>
<thead>
<tr>
<th></th>
<th>Rock Island (RO), IL</th>
<th>Henry (HN), IL</th>
<th>Mercer (MR), IL</th>
<th>Scott (SC), IA</th>
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</thead>
<tbody>
<tr>
<td>Premature death</td>
<td>7,000</td>
<td>6,400</td>
<td>7,800</td>
<td>6,400</td>
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</table>

**Quality of Life**

<table>
<thead>
<tr>
<th></th>
<th>Rock Island (RO), IL</th>
<th>Henry (HN), IL</th>
<th>Mercer (MR), IL</th>
<th>Scott (SC), IA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor or fair health</td>
<td>15%</td>
<td>13%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>3.6</td>
<td>3.3</td>
<td>3.2</td>
<td>3.1</td>
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<tr>
<td>Poor mental health days</td>
<td>3.5</td>
<td>3.4</td>
<td>3.3</td>
<td>3.0</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>7%</td>
<td>7%</td>
<td>6%</td>
<td>7%</td>
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</tbody>
</table>

### Health Factors

<table>
<thead>
<tr>
<th></th>
<th>Rock Island (RO), IL</th>
<th>Henry (HN), IL</th>
<th>Mercer (MR), IL</th>
<th>Scott (SC), IA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Behaviors</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>16%</td>
<td>15%</td>
<td>14%</td>
<td>18%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
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</table>
IF MY COUNTY HAS RECEIVED A LOW RANK EACH YEAR THE RANKINGS HAVE BEEN RELEASED, HOW CAN WE KEEP OUR MOTIVATION TO KEEP WORKING?
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

“Your’re not going to be the best community you can be if you don’t focus on the health of your community.”
## Wyandotte (WY)

### County Demographics

<table>
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<th></th>
<th>Wyandotte County</th>
<th>Trend</th>
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<th>Top U.S. Performers</th>
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<td>Length of Life</td>
<td>83</td>
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<tr>
<td>Premature death</td>
<td>9,500</td>
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<td>9,000-10,000</td>
<td>5,200</td>
<td>6,800</td>
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<tr>
<td>Quality of Life</td>
<td>101</td>
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<tr>
<td>Poor or fair health</td>
<td>21%</td>
<td></td>
<td>20-21%</td>
<td>12%</td>
<td>14%</td>
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<tr>
<td>Poor physical health days</td>
<td>3.9</td>
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<td>3.8-4.0</td>
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<td>3.1</td>
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<td>Poor mental health days</td>
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<td>3.5-3.7</td>
<td>2.8</td>
<td>3.0</td>
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<tr>
<td>Low birthweight</td>
<td>8%</td>
<td></td>
<td>8-9%</td>
<td>6%</td>
<td>7%</td>
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</tr>
</tbody>
</table>

Additional Health Outcomes (not included in overall ranking)
Premature death in Wyandotte County, KS

Years of Potential Life Lost (YPLL): County, State and National Trends

Wyandotte County is getting better for this measure.

Please see Measuring Progress/Rankings Measures for more information on trends.
Violent crime rate in Wyandotte County, KS
County, State and National Trends

Wyandotte County is getting better for this measure.

Please see Measuring Progress/Rankings Measures for more information on trends.
WHAT RESOURCES ARE AVAILABLE TO MY COMMUNITY THROUGH THE COUNTY HEALTH RANKINGS & ROADMAPS TO TARGET PROBLEM HEALTH FACTORS AND SELECT APPROPRIATE PROGRAMS AND INTERVENTIONS?
Take action to improve your community's health

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 or not because they are needed throughout the cycle. At the core of the Action Cycle are people at all levels of the community 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
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.
Policies & Programs, filtered by "Diet and Exercise"

Policies and programs that can improve health

72 results

Access to places for physical activity  Scientificaly 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  Scientificaly 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

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 postnatal 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
Take action to improve your community's health

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.

www.countyhealthrankings.org/roadmaps/action-center
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 is now available at the below password-protected site:

URL:  [http://chrrrtoolkit.org/partner/](http://chrrrtoolkit.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)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>RANK</th>
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<tbody>
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<td>2015</td>
<td>7</td>
</tr>
<tr>
<td>2014</td>
<td>9</td>
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<td>2013</td>
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<td>2011</td>
<td>7</td>
</tr>
<tr>
<td>2010</td>
<td>9</td>
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</table>
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)
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)
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
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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