

Roadmap to Better Health: Using the 2018 County Health Rankings to Improve Community Well-Being

April 5, 2018

Stronger Counties. Stronger America.



Tips for this webinar

- The questions box and buttons are on the right side of the webinar window.
- 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.
- 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.

Webinar recording

- NACo is recording this webinar, and we will make it available online to view.

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.

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

Today's Speakers



Kate Kingery

Deputy Director,
Community
Transformation

*County Health Rankings
& Roadmaps Program*



Astra Iheukumere

Assistant Director of
Community Networks and
National Partnerships

*County Health Rankings
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**Commissioner Wendy
Jacobs**

Chair

*Durham Board of County
Commissioners*

2018 COUNTY HEALTH RANKINGS AN OVERVIEW OF UPDATES

National Association of Counties
April 5, 2018



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

Support
provided by



Robert Wood Johnson
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Health Is Where We Live

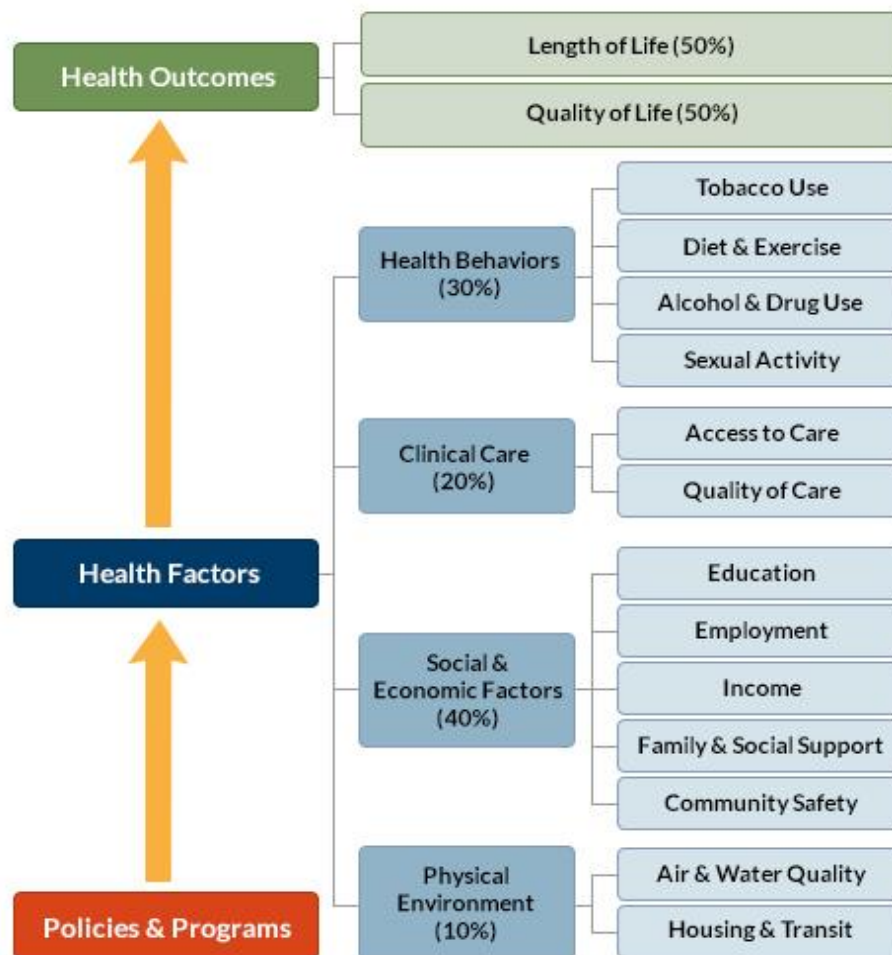
County Health Rankings & Roadmaps (CHR&R) is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

We provide data, evidence, guidance and examples to help communities improve local health outcomes and advance equity.

LEARNING OBJECTIVES FOR TODAY

- ▶ Describe the County Health Rankings model and how we think about health
- ▶ Introduce what's new with the 2018 Rankings
- ▶ Provide examples of how to use CHR&R resources to spark action in your communities
- ▶ View a snapshot from Durham County, NC

County Health Rankings: Defining health in the broadest possible terms



RANKED MEASURES



Length of life (1)

Quality of life (4)



Smoking (1)

Diet & Exercise (4)

Alcohol & Drug Use (2)

Sexual Activity (2)



Access to Care (4)

Quality of Care (3)



Education (2)

Income (2)

Employment (1)

Family and Social Support (2)

Community Safety (2)



Air and Water Quality (2)

Housing and Transit (3)

WHAT'S NEW IN THE 2018 RANKINGS?

2018 OVERALL KEY FINDINGS

- ▶ This year, we bring new analyses that show meaningful health gaps persist by place and by race/ethnicity.
 - In all 50 states, the percentage of **low birthweight** babies born to Black mothers is worse than in the typical bottom performing counties in their state.
 - Significant disparities exist in **social and economic opportunities** among counties, e.g., high school graduation and employment
 - Rates of **poverty among children** and youth are at least 1.5 times higher than rates among adults aged 18 and older
 - **Residential segregation** of Blacks and Whites is considered to be a fundamental cause of health disparities in the U.S.

WHAT IS A STATE REPORT?

- ▶ A County Health Rankings & Roadmaps report that explores the size and nature of health differences by place and race/ethnicity in each state
- ▶ A resource to help you to begin taking action by exploring evidence-informed approaches



STATE REPORT HIGHLIGHTS

- ▶ What health equity is and why it matters
- ▶ Differences in health outcomes within the state by place and racial/ethnic groups
- ▶ Differences in health factors within the state by place and racial/ethnic groups
- ▶ What communities can do to create opportunity and health for all



WHAT DO WE MEAN BY HEALTH EQUITY?

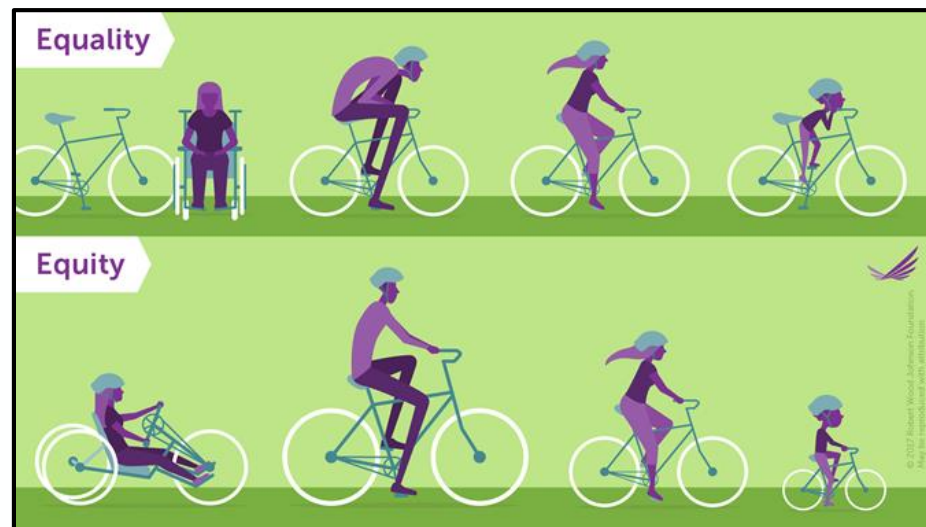
HEALTH EQUITY means that everyone has a fair and just opportunity to be as healthy as possible.

This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.



WHY EQUITY?

- ▶ Equality isn't enough to close gaps
- ▶ Our nation's youth are increasingly more racially and ethnically diverse
- ▶ Children, youth and families of color do not have the same opportunities and fare even worse in segregated communities
- ▶ Investing in ALL young people to give them fair opportunities to thrive will ensure our nations success and prosperity



QUESTIONS TO CONSIDER

- ▶ What differences do you see among counties in your state?
- ▶ What differences do you see by racial/ethnic groups in your state?
- ▶ How do counties in your state compare to all US counties?
- ▶ What patterns do you see? For example, do some racial/ethnic groups fare better or worse across measures?



GETTING THE MOST OUT OF YOUR SNAPSHOT

North Carolina 2018 Select another state

Overview Rankings Measures Downloads Compare Counties Select a county Print Help Español

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HEALTH OUTCOMES OVERALL RANK

Rank	County
1	Wake (WA)
2	Orange (OR)
3	Camden (CM)
4	Union (UN)
5	Mecklenburg (MK)
6	Dare (DA)
7	Currituck (CK)
8	Watauga (WT)
9	Cabarrus (CA)
10	Chatham (CH)
11	Durham (DR)

Durham (DR)

Show areas to explore Show areas of strength

County Demographics +

	Durham County	Trend	Error Margin	Top U.S. Performers	North Carolina	Rank (of 100)
Health Outcomes						11
Length of Life						7
Premature death	6,100		5,800-6,400	5,300	7,300	
Quality of Life						30
Poor or fair health	17%		17-17%	12%	18%	
Poor physical health days	3.5		3.4-3.7	3.0	3.6	
Poor mental health days	4.0		3.9-4.1	3.1	3.9	
Low birthweight	0%		0-0%	0%	0%	

SPANISH TRANSLATION

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Español

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HEALTH OUTCOMES
OVERALL RANK

RangoCondado
1San Mateo (SE)
2Marin (MR)
3Santa Clara (ST)
4Placer (PL)
5Sonoma (SM)
6Napa (NA)
7Orange (OR)
8Alameda (AL)
9Contra Costa (CN)
10Ventura (VE)
11San Francisco (SF)
12San Diego (SD)
13Nevada (NE)
14Yolo (YO)
15El Dorado (EL)
16Santa Cruz (SC)

Sacramento (SA)

Datos demográficos del condado +

	Condado de Sacramento	Margen de Error	Mejores en los EE.UU.	California	Rango (de 57)
Los resultados de salud					
Duración de la Vida					
Muerte prematura	6,200	6,100-6,300	5,200	5,200	
Calidad de Vida					
Salud mala o regular	17%	17-17%	12%	18%	
Días de mala salud física	3.8	3.7-3.9	3.0	3.6	
Días de mala salud mental	3.9	3.8-4.0	3.0	3.6	
Bajo peso al nacer	7%	7-7%	6%	7%	
Resultados de salud adicionales (no incluidos en la clasificación general) +					
Los factores de salud					

Error Margin

Top U.S. Performers

California

Rank (of 57)

31

27

PEER COUNTY COMPARISONS

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Rankings
Measures
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Compare Counties

Select a county to begin

Sacramento (SA), CA X

Add one or more counties for comparison

Choose any county
Enter or select a state

Choose from selected peer counties ⓘ
Enter or select a peer county

- Bronx (BR), New York
- Cook (CK), Illinois
- Cuyahoga (CU), Ohio
- Dallas (DAS), Texas
- District of Columbia (DC), District of Columbia
- Essex (ES), New Jersey
- Fulton (FU), Georgia
- Hamilton (HA), Ohio

Ranked Measures
Additional Measures

		Sacramento (SA), CA X
Health Outcomes		
Length of Life		
Premature death		31
Quality of Life		
Poor or fair health	18%	17%
Poor physical health days	3.6	3.8
Poor mental health days	3.6	3.9
Low birthweight	7%	7%
Health Factors		
		28

EASIER TO FIND DEMOGRAPHIC DATA

Del Norte (DE)
Stanislaus (SL)
Shasta (SH)
Mendocino (ME)
Yuba (YU)
Madera (MA)
San Bernardino (SB)
Humboldt (HU)
Inyo (IN)
Merced (MC)
Tulare (TU)
Plumas (PU)
Fresno (FR)
Kern (KE)
Siskiyou (SY)
Trinity (TR)
Lake (LA)
Modoc (MO)
Alpine (AP)

Social & Economic Factors

27

High school graduation	81%	95%	82%	
Some college	66%	72%	63%	
Unemployment	6.0%	3.3%	6.2%	
Children in poverty	23%	20-25%	12%	21%

% Children in Poverty	23%
% Children in Poverty - White	15%
% Children in Poverty - Black	43%
% Children in Poverty - Hispanic	32%

Income inequality	4.9	4.8-5.0	3.7	5.2
Children in single-parent households	36%	35-37%	21%	32%
Social associations	7.3		22.1	5.8
Violent crime	523		62	407
Injury deaths	58	56-60	53	47

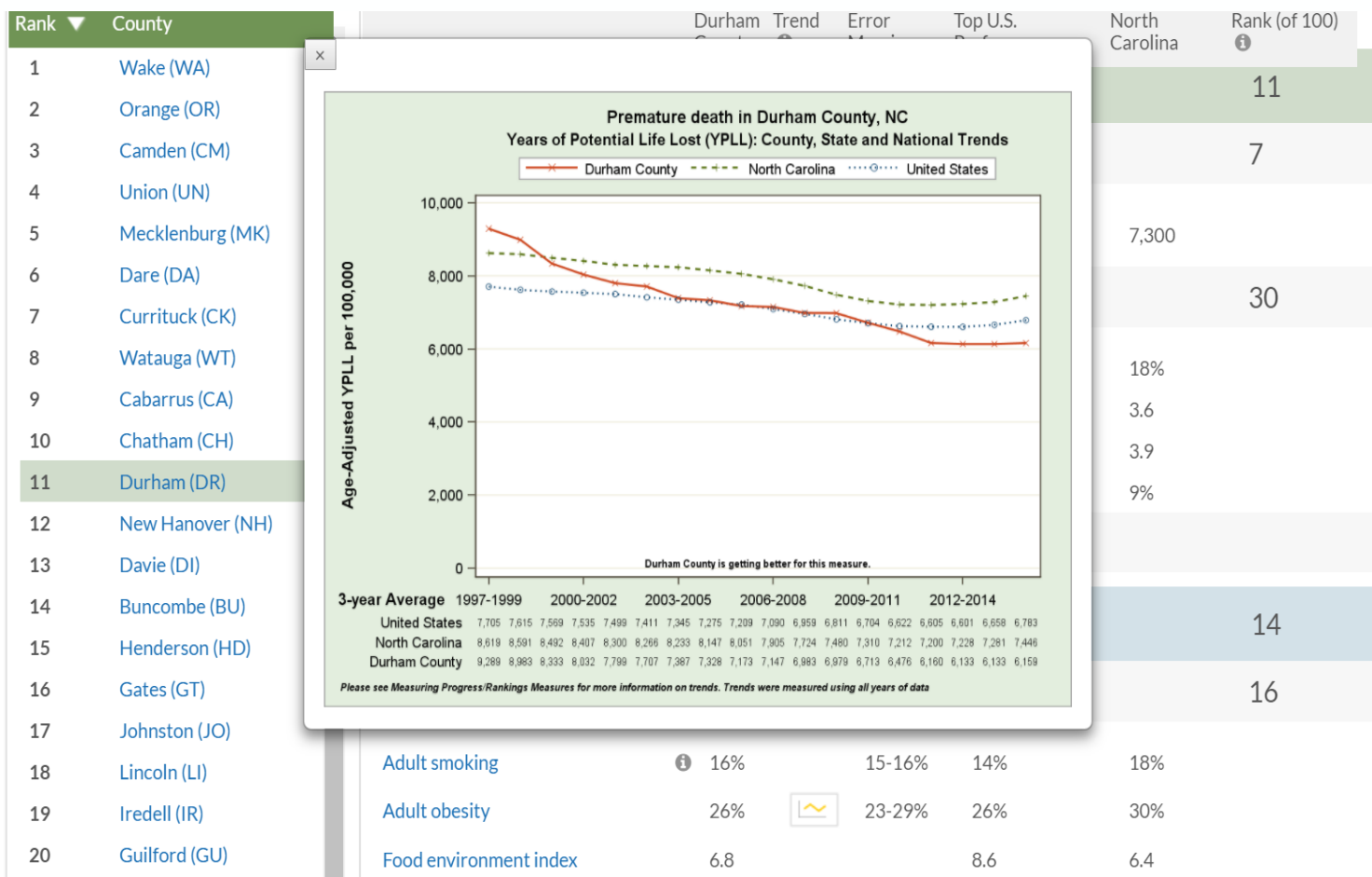
Additional Social & Economic Factors (not included in overall ranking) +

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

TREND GRAPHS



LEARN MORE ABOUT MEASURES

Learn More About Physical Inactivity

Physical Inactivity helps measure if a community is getting enough exercise.

What do you need to know about this measure?

PHYSICAL INACTIVITY IS A PERCENTAGE.

Physical Inactivity is based on responses to the Behavioral Risk Factor Surveillance Survey and is the percentage of adults ages 20 and over reporting no leisure-time physical activity in the past month. Examples of physical activities include running, calisthenics, golf, gardening, or walking for exercise.

THE METHOD FOR CALCULATING PHYSICAL INACTIVITY CHANGED.

Data for Physical Inactivity are provided by the CDC Interactive Diabetes Atlas which combines 3 years of survey data to provide county-level estimates. In 2011, BRFSS changed their methodology to include cell phone and landline participants. Previously only landlines were used to collect data.

PHYSICAL INACTIVITY IS CREATED USING STATISTICAL MODELING.

Our Physical Inactivity estimates are produced from three years of survey data and created using a complex statistical model.

Modeling generates more stable estimates for places with small numbers of residents or survey responses. There are also drawbacks to using modeled data. The smaller the population or sample size of a county, the more the estimates are derived from the model itself and the less they are based on survey responses. Models make statistical assumptions about relationships that may not hold in all cases. Finally, there is no perfect model and each model generally has limitations specific to their

WHAT WORKS FOR HEALTH

North Carolina

2018 Select another state

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Select a Measure:

HEALTH FACTORS

PHYSICAL INACTIVITY

Ranking Methodology

Years of Data Used: 2014

Summary Measure: Health Factors - Health Behaviors (Diet and Exercise)

Weight in Health Factors: 2%

Summary Information

Top U.S. Performers: 20% (10th percentile)

Range in North Carolina (Min-Max): 17-33%

Physical inactivity

Percentage of adults age 20 and over reporting no leisure-time physical activity. [Learn more about this measure.](#)

[Map](#) | [Data](#) | [Description](#) | [Data Source](#) | [Policies](#)

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.

Learn more about What Works for Health

Policies & Programs


[Screen time interventions for children](#) [Scientifically Supported](#)

County Health Rankings & Roadmaps

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A Robert Wood Johnson Foundation program

ADDITIONAL MEASURES

Rank ▼	County	Durham County	Trend ⓘ	Error Margin	Top U.S. Performers	North Carolina	Rank (of 100) ⓘ
1	Wake (WA)	Health Outcomes					11
2	Orange (OR)	Length of Life					7
3	Camden (CM)	Premature death ⓘ	6,100		5,800-6,400	5,300	7,300
4	Union (UN)	Quality of Life					30
5	Mecklenburg (MK)	Poor or fair health ⓘ	17%		17-17%	12%	18%
6	Dare (DA)	Poor physical health days ⓘ	3.5		3.4-3.7	3.0	3.6
7	Currituck (CK)	Poor mental health days ⓘ	4.0		3.9-4.1	3.1	3.9
8	Watauga (WT)	Low birthweight	9%		9-9%	6%	9%
9	Cabarrus (CA)	Additional Health Outcomes (not included in overall ranking) —					
10	Chatham (CH)	Premature age-adjusted mortality	310		290-320	270	370
11	Durham (DR)	Child mortality	70		60-80	40	60
12	New Hanover (NH)	Infant mortality	7		6-8	4	7
13	Davie (DI)	Frequent physical distress	11%		11-12%	9%	11%
14	Buncombe (BU)	Frequent mental distress	12%		12-12%	10%	12%
15	Henderson (HD)	Diabetes prevalence	8%		7-10%	8%	11%
16	Gates (GT)						
17	Johnston (JO)						
18	Lincoln (LI)						
19	Iredell (IR)						
20	Guilford (GU)						

WAYS TO SHARE THE 2018 RANKINGS

- ▶ Tell your health improvement story
- ▶ Use social media tools to spread the news – join the conversation at **#HealthRankings**
- ▶ 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



TAKE ACTION TO IMPROVE HEALTH

What Works

Explore a menu of evidence-informed policies and programs that can make a difference locally.

[What Works for Health](#)

How to Take Action

Find step-by-step guidance and tools to help you move with data to action.

[Action Center](#)

Who to Work With

Identify the right partners and explore tips to engage them.

[Partner Center](#)

Not Sure Where to Start?

Community Coaches help strengthen a partnership's efforts to improve community health through guidance, questions, and support.

[Learn More >](#)



STAYING CONNECTED

- ▶ Follow @CHRankings
- ▶ Like Facebook.com/CountyHealthRankings
- ▶ e-Newsletter, email chr@chrr.wisc.edu to subscribe



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THANK YOU!

Visit us at www.countyhealthrankings.org

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Roadmaps to Health in Durham County

April 5, 2018



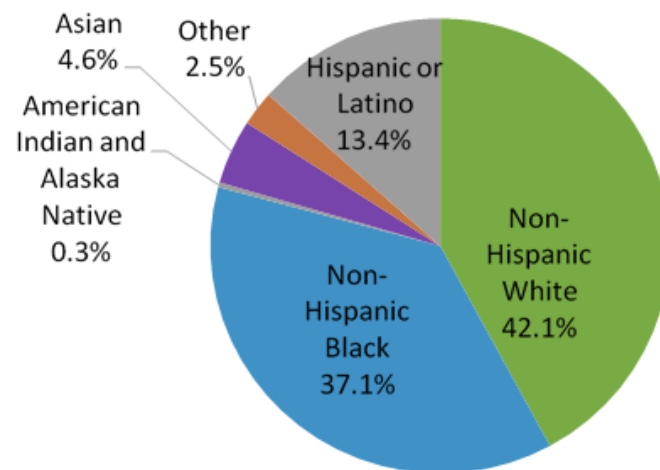
Outline

- How County Health Rankings Used
- Importance of Health Equity
- How Durham partners effectively for impact
 - Partnership for a Healthy Durham
 - Healthy Durham 20/20
 - Opioids
 - Early Childhood Education
 - ACEs
- Durham County Investment in Health

Durham

- 6th most populous county North Carolina
 - 2016 estimated population of 306,212
 - Population is approximately 52% female and 48% male
- Durham County median income is \$52,503
- Percentage of Children in Poverty- 24%
 - % Children in Poverty (Black)- 33%
 - % Children in Poverty (Hispanic)- 41%
 - % Children in Poverty (White)- 6%

Race and Ethnicity in Durham County, 2011-2015



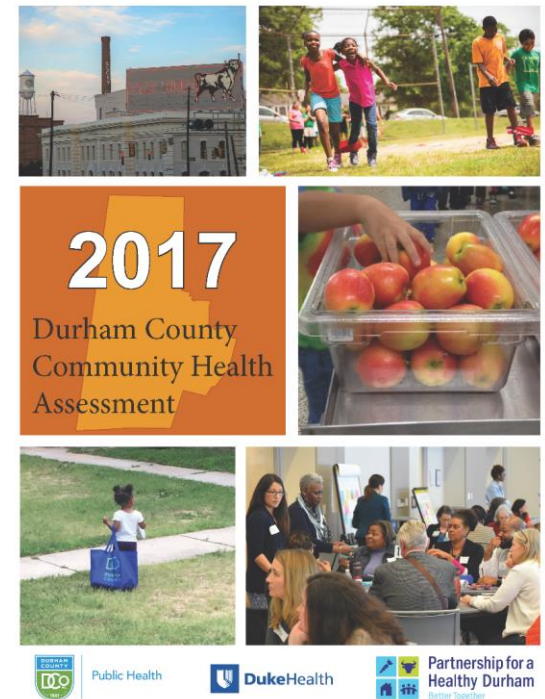
Durham County Health Rankings

- 2018
 - 1st: Wake County
 - 2nd: Orange County
 - 3rd: Camden County
- Durham County
 - 2018: 11th
 - 2017: 15th
 - 2016: 15th
 - 2015: 11th



How Durham Has Used County Health Rankings

- 2017 Community Health Assessment:
 - Durham's rank among counties
 - Data and research



How Durham Has Used County Health Rankings

- Press release
- Inform the conversation
 - Social Media
- Action planning process



Partnership for a Healthy Durham shared County Health Rankings & Roadmaps's post.

Published by Marissa Mortiboy [?] · March 16 at 4:42pm · 🌐

Durham County has moved up four spots in this year's Robert Wood Johnson Foundation County Health Rankings to the 11th healthiest county in North Carolina. But we still experience gaps in health based on race and ethnicity.

You can find additional information on how race and ethnicity play a role in health gaps in the 2017 Durham County Community Health Assessment at www.healthydurham.org.



County Health Rankings & Roadmaps

March 14 at 9:52am · 🌐

👍 Like Page



Durham County Department of Public Health

March 20 at 9:50pm · 🌐

The Rankings are In... According to the 9th annual County Health Rankings, released by the Robert Wood Johnson Foundation & the Univ of Wisconsin Population Health Institute, Durham is the 11th healthiest amongst #NorthCarolina counties, up from 15th for the past two years! <http://ow.ly/LReL30j46rP>



👍 Like

💬 Comment

➦ Share



How Durham Has Used County Health Rankings

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

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A Robert Wood Johnson Foundation program

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Home » Take Action to Improve Health » What Works for Health » Policies

Federally qualified health centers (FQHCs)

Evidence Rating ←
Scientifically Supported

Impact on Disparities ←
Likely to decrease disparities

Implementation Examples
In 2013, there were 1,202 federally qualified health centers (FQHCs) in the United States and its territories, serving approximately 21.7 million patients. Delaware and Nevada had the fewest centers, at 3 each, while California had the most, at 129 (KFF-FQHC); most Californians live within a 30 minute drive of an FQHC (Darsie 2015).

Health Factors
Access to Care



2017 Durham County Community Health Assessment Results

2017 Durham County Health Priorities

1. Affordable Housing
2. Access to Healthcare and insurance
3. Poverty
4. Mental Health
5. Obesity, diabetes and food access

Durham County Efforts

- Racial Equity Trainings





Durham County Efforts

- Partnership for a Healthy Durham
- Healthy Durham 20/20



Healthy
Durham
20/20

Durham County Efforts

- Opioid Prevention
- Early Childhood Education
- ACEs



Why Durham Invests in Health

- People of our community are our most important resource
- When everyone thrives, our whole community thrives





Questions?

Chairman Wendy Jacobs

Marissa Mortiboy, MPH

Partnership for a Healthy Durham Coordinator

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DURHAM
COUNTY

DCo
NC

★ ★ ★ 1881 ★ ★ ★

Live. Grow. *Thrive.*

Thank You!



Question & Answer Session

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

Upcoming Webinars and Events

- Building Healthy Places Webinar (April 12, 2018)
- County Health Day (April 18, 2018)

COUNTY HEALTH DAY

APRIL 18TH, 2018
#CountyHealth

Join NACo for **#CountyHealth** Day on April 18th and share your county's progress toward building a culture of health!

 @NACoTweets

 @NACoDC



THANK YOU!

Additional questions or feedback?
Contact Kiemesha Corpening at kcorpening@naco.org