



Webinar

Making the Most of CHR&R's Latest Data and Evidence Resources

March 31, 2026

countyhealthrankings.org



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Guidelines

1
Share
successes and lessons learned

2
Offer
resources

3
Build
knowledge

4
Listen
for multiple perspectives

2

 County Health Rankings & Roadmaps



Disclosures

- Views do not represent the University of Wisconsin Madison or the Robert Wood Johnson Foundation.
- Expertise of a CHR&R team of 30+ members is reflected and highly valued.
- Funding support from RWJF is appreciated.

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 County Health Rankings & Roadmaps

We value



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



- Collaboration
- Innovation
- Integrity
- Courage
- Inclusion
- Excellence

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County Health
Rankings & Roadmaps

Join the conversation

The image shows two screenshots from a Zoom webinar. The left screenshot is titled 'Question and Answer' and displays a 'Welcome to Q&A' message. A red oval highlights the text: 'Welcome to Q&A' and 'Questions you ask will show up here. Only host and panelists will be able to see all questions.' Below this is a text input field containing the question 'Where can I find strategies to address children in poverty?', a 'Send anonymously' checkbox, and 'Cancel' and 'Send' buttons. The right screenshot is titled 'Webinar Chat' and shows a chat window with messages from 'Me to Everyone' and 'Zoomhost CHRR to Everyone'. The chat window also shows a dropdown menu for 'Who can see your messages?' set to 'Everyone'.

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County Health
Rankings & Roadmaps

Group agreements

1. Listen actively
2. Participate fully
3. Speak from your experience
4. Lead with curiosity
5. Be conscious of body language
6. Expect ambiguity
7. Be accountable

6



County Health
Rankings & Roadmaps

Goals

- ✓ Provide CHR&R program updates
- ✓ Share new CHR&R resources
- ✓ Offer practical resources to support community-led solutions
- ✓ Navigate ways to find, use, save, and share data and evidence

Photo by [Bana.Mia](#) on Unsplash

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County Health
Rankings & Roadmaps

CHR&R Program Updates

- Funding from RWJF ends in December 2026
- No 2026 Annual Data Release. CHR&R will not produce:
 - 2026 National Findings Report
 - Updated Health Groups (formerly "Rankings")
 - Updated trend graphs
 - Updated "Areas of strength" and "Areas to explore"

Photo by [Bana.Mia](#) on Unsplash

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County Health Rankings & Roadmaps

Welcome



Molly Burdine
Data Analyst



Keith Gennuso
Population Health Research
Team Leader



Molly Neumeyer
User Experience Architect



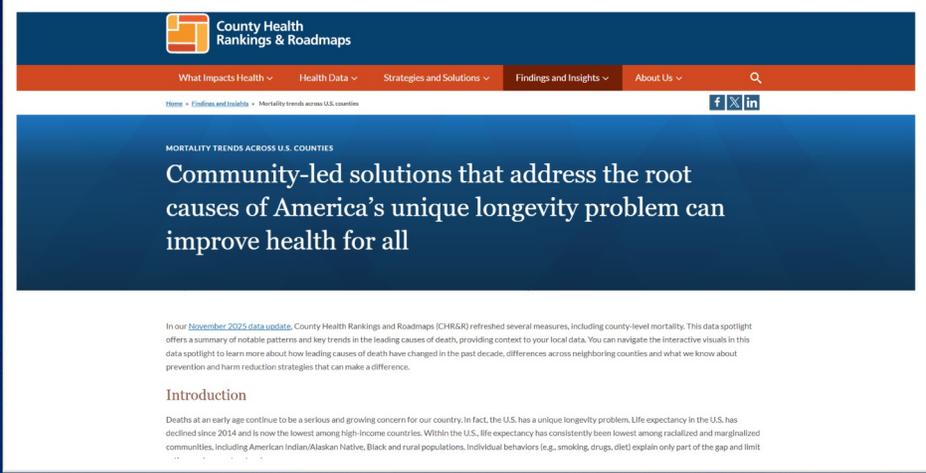
Naiya Patel
Evidence Analyst

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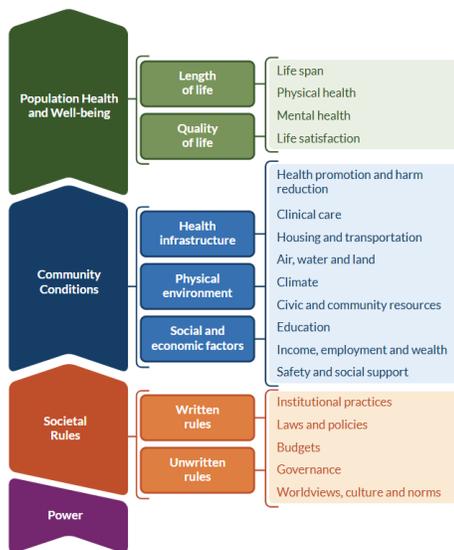
County Health Rankings & Roadmaps

New Data Spotlight



The screenshot shows the website's navigation menu with options: What Impacts Health, Health Data, Strategies and Solutions, Findings and Insights, and About Us. The main content area features the title 'MORTALITY TRENDS ACROSS U.S. COUNTIES' and a headline: 'Community-led solutions that address the root causes of America's unique longevity problem can improve health for all'. Below this is an 'Introduction' section starting with 'Deaths at an early age continue to be a serious and growing concern for our country. In fact, the U.S. has a unique longevity problem. Life expectancy in the U.S. has declined since 2014 and is now the lowest among high-income countries. Within the U.S., life expectancy has consistently been lowest among racialized and marginalized communities, including American Indian/Alaskan Native, Black and rural populations. Individual behaviors (e.g., smoking, drugs, diet) explain only part of the gap and limit...

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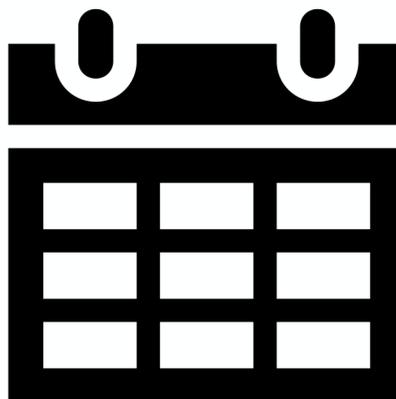
THE UWPHI MODEL OF HEALTH

University of Wisconsin Population Health Institute Model of Health © 2025

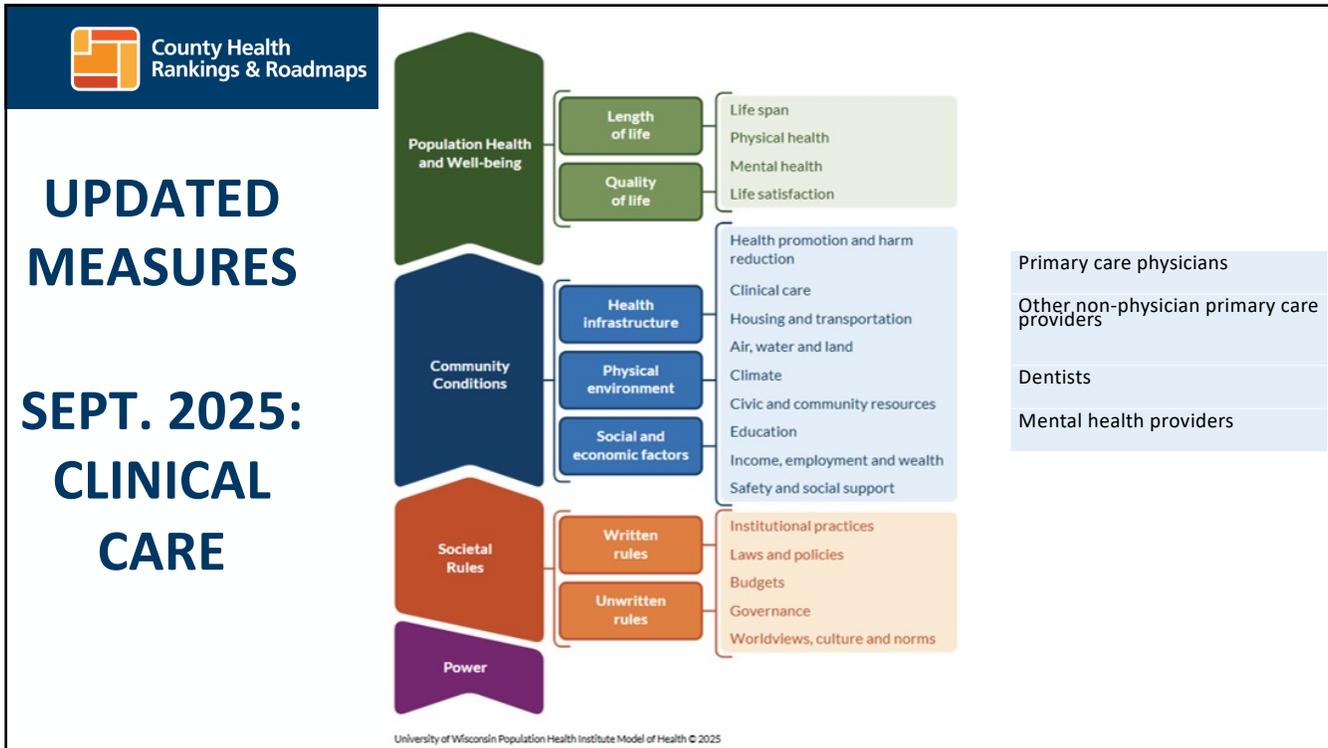
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DATA UPDATES SINCE MARCH 2025

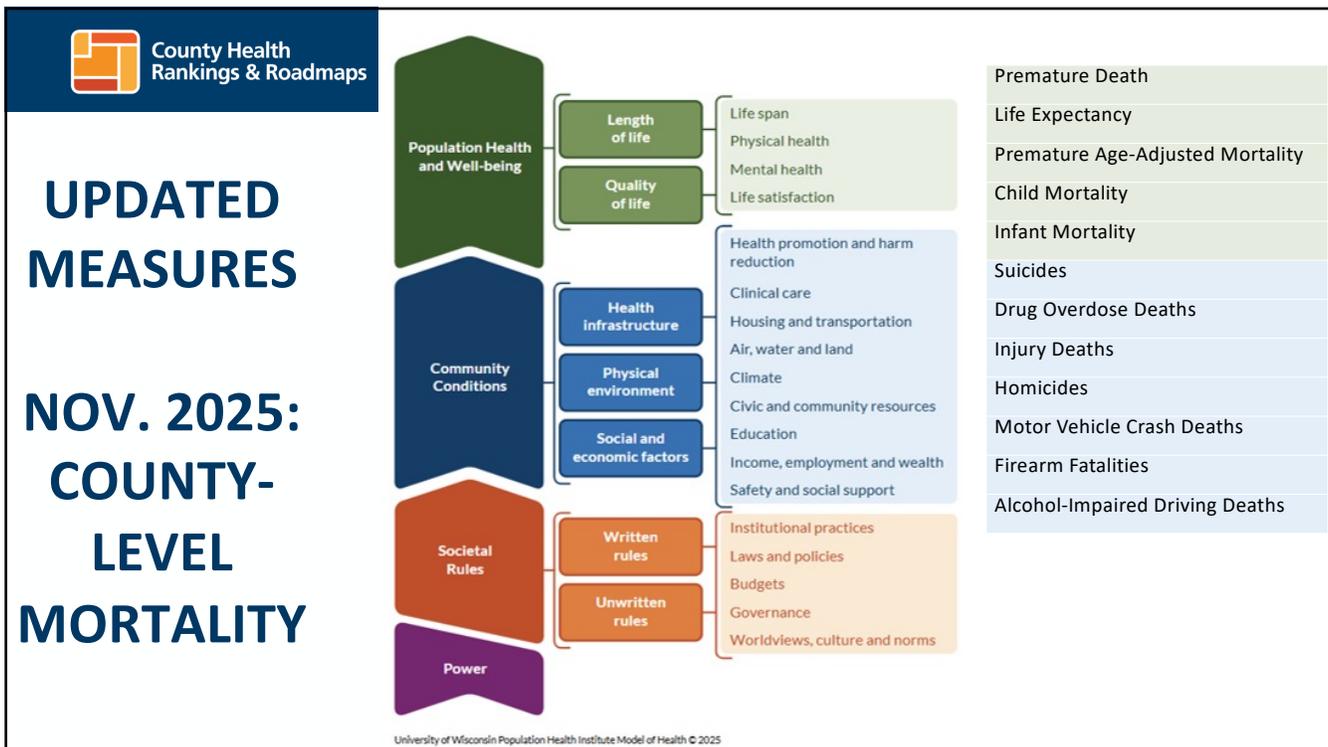
- ▶ Update 1: September 2025
- ▶ Update 2: November 2025
- ▶ Update 3: March 2026



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MARCH 2026 UPDATE: QUALITY OF LIFE

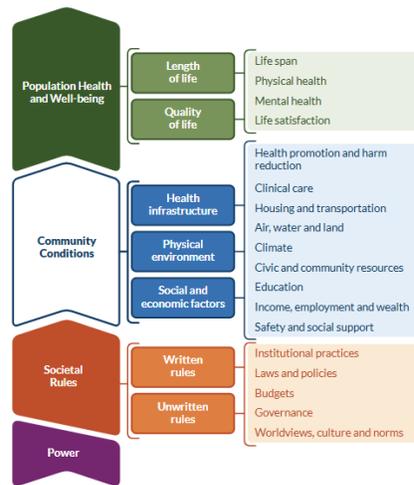


- ▶ Poor Physical Health Days
- ▶ Low Birth Weight
- ▶ Frequent Physical Distress
- ▶ Diabetes Prevalence
- ▶ HIV Prevalence
- ▶ Adult Obesity
- ▶ Poor Mental Health Days
- ▶ Frequent Mental Distress
- ▶ Poor or Fair Health
- ▶ Feelings of Loneliness

University of Wisconsin Population Health Institute Model of Health © 2025

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MARCH 2026 UPDATE: COMMUNITY CONDITIONS



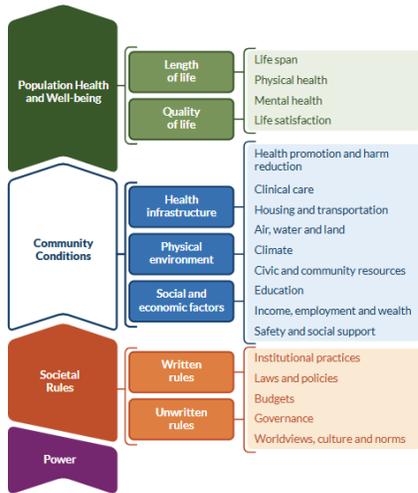
Health Infrastructure

- ▶ Flu Vaccinations
- ▶ Food Environment Index
- ▶ Food Insecurity
- ▶ Teen Births
- ▶ Sexually Transmitted Infections
- ▶ Excessive Drinking
- ▶ Adult Smoking
- ▶ Physical Inactivity
- ▶ Preventable Hospital Stays
- ▶ Mammography Screening
- ▶ Uninsured
- ▶ Uninsured Adults
- ▶ Uninsured Children

University of Wisconsin Population Health Institute Model of Health © 2025

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MARCH 2026 UPDATE: COMMUNITY CONDITIONS



University of Wisconsin Population Health Institute Model of Health © 2025

Social & Economic Factors

- ▶ Unemployment
- ▶ Income Inequality
- ▶ Children Eligible for Free or Reduced Price Lunch
- ▶ Gender Pay Gap
- ▶ Living Wage
- ▶ Social Associations
- ▶ Lack of Social and Emotional Support

Physical Environment

- ▶ Severe Housing Cost Burden
- ▶ Drinking Water Violations
- ▶ Broadband Access
- ▶ Library Access

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COUNTY

Dane, WI 2025 ▼

[View Wisconsin Health Data](#)

[Download Wisconsin datasets](#)

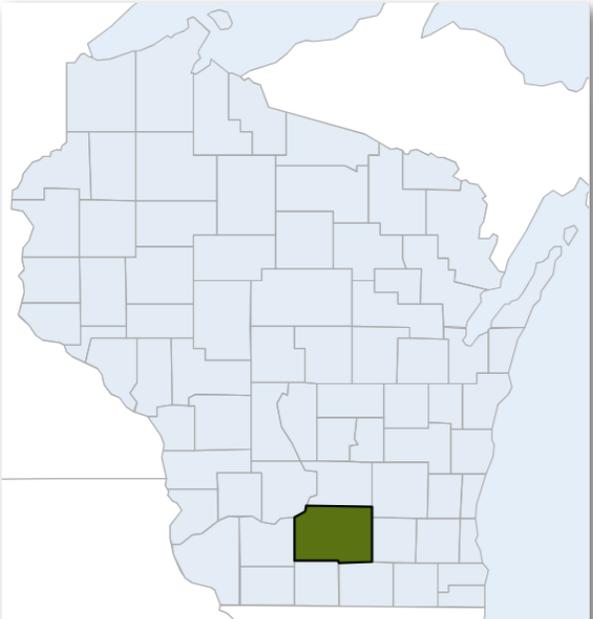
County Demographics

The health of a place results from past and present policies and practices. The land known as Dane County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. [Native Land Digital](#) "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."

Dane County contains neighborhoods recorded as "declining" or "hazardous" investment opportunities through Federal HOLC redlining maps between 1935 and 1940. Local surveyors based assessments on housing, social economic conditions, and residents' racial or ethnic identities. These records of neighborhood conditions and racist sentiments contributed to intentional disinvestment and discriminatory practices that impact current community conditions.

Search by county, state or ZIP code

 Go



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Dane County Population Health and Well-being i

Population health and well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.

Dane County is faring better than the average county in Wisconsin for Population Health and Well-being, and better than the average county in the nation.

[Download Chart](#)

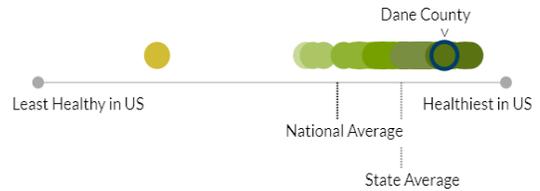


Diagram summarizes data released on 03/19/2025

Trends Available

† Data updated 09/24/2025
 ‡ Data updated 11/04/2025
 § Data updated 03/25/2026

Population Health and Well-being				
Length of life	Dane County	Wisconsin	United States	
Premature Death	5,300 ‡	7,300 ‡	8,100 ‡	

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Trends Available

† Data updated 09/24/2025
 ‡ Data updated 11/04/2025
 § Data updated 03/25/2026

Population Health and Well-being				
Length of life	Dane County	Wisconsin	United States	
Premature Death	5,300 ‡	7,300 ‡	8,100 ‡	
Additional Length of life (not included in summary) +				
Quality of life	Dane County	Wisconsin	United States	
Poor Physical Health Days	3.9 §	4.3 §	4.5 §	
Low Birth Weight	7% §	8% §	8% §	
Poor Mental Health Days	5.1 §	5.3 §	5.7 §	
Poor or Fair Health	13% §	17% §	20% §	
Additional Quality of life (not included in summary) +				

Note: Blank values reflect unreliable or missing data.

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Population Health and Well-being				
Length of life	Dane County	Wisconsin	United States	—
Premature Death	 5,300 ‡	7,300 ‡	8,100 ‡	∨
Additional Length of life (not included in summary) +				
Quality of life	Dane County	Wisconsin	United States	—
Poor Physical Health Days	3.9 §	4.3 §	4.5 §	^
<p>In Dane County, Wisconsin, adults reported that their physical health was not good on 3.9 of the previous 30 days.</p> <p>Definition: Average number of physically unhealthy days reported in past 30 days (age-adjusted).</p> <div style="border: 1px solid blue; padding: 5px;"> <p>Error margin: 3.1-4.6</p> <p>Years of data used: 2023</p> <p><i>This measure was updated on 03/25/2026. See below for data from our 03/19/2025 release.</i></p> <p><i>Use caution if comparing these data with prior years</i></p> <hr style="border-top: 1px dashed black;"/> <p>Previous value: 3.4 based on data updated 03/19/2025</p> <p>Previous years of data used: 2022</p> </div> <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>Explore Related Resources</p> <p>Map of Poor Physical Health Days for Wisconsin</p> <p>Methods and limitations for this measure</p> </div>				
Low Birth Weight	7% §	8% §	8% §	∨
Poor Mental Health Days	5.1 §	5.3 §	5.7 §	∨

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EVIDENCE-INFORMED SOLUTIONS

Change is possible when communities work together and take evidence-informed actions

Public health interventions and suicide-prevention strategies that account for different needs across communities and age groups are imperative. Evidence-based solutions exist, including:

- Harm reduction strategies can reduce overdose deaths, including interventions like [syringe services programs](#), [Naloxone education & distribution programs](#), [Good Samaritan drug overdose laws](#) and [fentanyl test strip distribution programs](#).
- Firearm access regulation laws, such as [child access prevention laws](#) and [firearm licensing laws](#) can be implemented or strengthened to reduce suicides. Other policies, such as [universal firearm background checks](#) and [firearm restrictions for people convicted of domestic violence](#) are also likely to decrease gun violence. [Extreme Risk Protection Order laws](#) are an expert-suggested legal intervention to prevent suicide.
- Access to mental health services can be increased through structural interventions like [mental health benefits legislation](#) and offering [telemental health services](#). Other systems-level interventions that can improve mental health are [behavioral health primary care integration](#) and [trauma-informed health care](#). Strategies that focus on improving mental health, such as [mobile health for mental health](#) and [crisis lines](#) can also be important investments.

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WWFH EQUITY ANALYSIS FRAMEWORK

What Works for Health

Evidence Rating
Scientifically Supported

Disparity Rating
Potential to Decrease Disparities

Syringe services programs

Link this strategy
Bookmark this strategy

Syringe services programs (SSPs) also called needle and syringe programs, syringe exchange programs, and needle syringe programs, are community-based programs that provide access to sterile needles, syringes, and other injection equipment free of cost to people who inject drugs (PWID) and promote safe disposal of used injection equipment. SSPs often provide PWID with other supporting services, including overdose risk education, provision of condoms and lubricants, vaccinations, infectious disease testing, and referrals and links to substance use treatment and social support services. SSPs vary by site, scope, geographic location, and setting (e.g., community, hospital, or mobile sites using vans or boats). SSPs can be part of a comprehensive prevention program at the state or local level.

What could this strategy improve?

Potential Benefits
Our evidence rating is not based on these outcomes, but these benefits may also be possible:

- Reduced hepatitis C infection
- Increased substance use disorder treatment
- Reduced drug use
- Improved neighborhood safety
- Reduced overdose deaths

How could this strategy advance health equity?

This strategy is rated **potential to decrease disparities: suggested by expert opinion.**

What is the relevant historical background?

Equity Considerations

Implementation Resources

Equity Rating

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- What Impacts Health
- Health Data
- Strategies and Solutions
- Findings and Insights
- About Us

Using data and evidence build power for health and equity

We help communities get the information they need to shift narratives and fuel local action so that everyone can thrive.

Explore the model of health →

Solutions for Healthier Communities

What Works for Health

All What Works for Health Strategies

Narratives for Health

NAVIGATING AND SAVING WWFH STRATEGIES

How healthy is **your** community?

Explore county and state data to understand what shapes health in your community.

Find data by location →

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County Health Rankings & Roadmaps

1 Search [all strategies](#) by keyword

2 Strategies by topic

- Alcohol and drug use
- Diet and exercise
- Sexual activity
- Tobacco use
- Clinical care
- Housing and transportation
- Air, water and land
- Climate
- Civic and community resources
- Education
- Income, employment and wealth
- Safety and social support

3 Evi: Your personal What Works for Health guide

Explore WWFH's evidence-informed strategies and solutions for health with Evi

[Ask Evi >](#)

4 Curated Strategy Lists

- New! Rural Health**
Evidence-informed programs, policies, and system changes to [support rural communities in addressing their priorities](#) and ensuring health and well-being for every community member. These solutions focus on strengthening current infrastructure, as well as employment, education, housing, and access to care.
[See the list >](#)
- Structural Determinants of Health**
Evidence-informed strategies to [address the structural determinants of health](#). These solutions focus on building power and changing laws, policies, budgets and worldviews to improve the conditions that shape health.
[See the list >](#)
- Civic Health**
Evidence-informed strategies to strengthen opportunities for people to [participate in their community](#). These solutions focus on civic infrastructure, or the spaces and policies that facilitate connection and make civic participation possible.
[See the list >](#)
- Racial Wealth Building**
Evidence-informed strategies to close the [racial wealth divide](#). These solutions account for historical practices that established and maintain the wealth divide- and reduce wealth inequities by increasing income and assets, expanding employment opportunities, removing barriers to quality education, and increasing access to homeownership.
[See the list >](#)
- Climate Change**
Evidence-informed strategies that help communities reduce greenhouse gas emissions and [mitigate and adapt to the effects of climate change](#), including options for individuals to reduce their carbon footprint. These solutions address issues like transportation, energy efficiency, sustainable food options, stewardship and waste reduction.
[See the list >](#)
- Violence Prevention and Community Safety**
Evidence-informed strategies to prevent neighborhood crime and violence as well as intimate partner violence. These solutions address collaborative efforts between law enforcement and community residents, and connect families and youth at risk with social services and supports.
[See the list >](#)

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County Health Rankings & Roadmaps

What Impacts Health ▾ Health Data ▾ Strategies and Solutions ▾ Findings and Insights ▾ About Us ▾

Home • Strategies and Solutions • What Works for Health • Strategies • Syringe services programs

Bookmarked Strategies (0)

Syringe services programs

[Print this strategy](#)

[Bookmark this strategy](#)

Syringe services programs (SSPs), also called needle exchange programs, syringe exchange programs, and needle syringe programs, are community-based programs that provide access to sterile needles, syringes, and other injection equipment free of cost to people who inject drugs (PWID) and promote safe disposal of used injection equipment. SSPs often provide PWID with other supporting services, including overdose risk education, provision of condoms and naloxone, vaccinations, infectious disease testing, and referrals and links to substance use treatment and social support services. SSPs vary by size, scope, geographic location, and setting (e.g., community, hospital, or mobile sites using vans or buses). SSPs can be part of a comprehensive prevention program at the state or local level¹.

Lead: Doni Kim Hirsch
Contributor(s): Nalaya Patel

Reduced overdose deaths

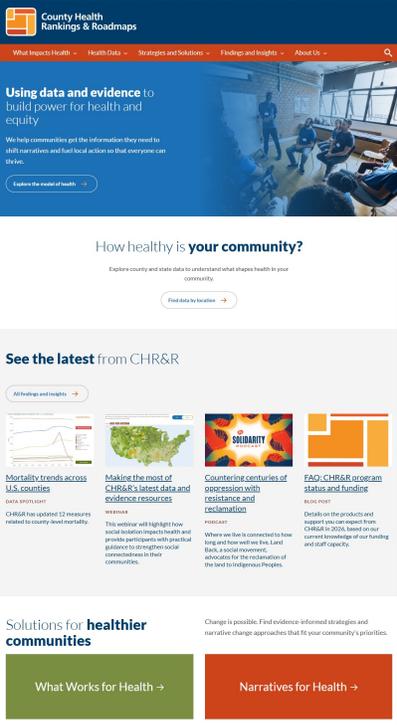
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County Health Rankings & Roadmaps

Finding Data & Evidence

1. Model of Health
2. Find data by location
3. Updates & insights
4. Evidence & change

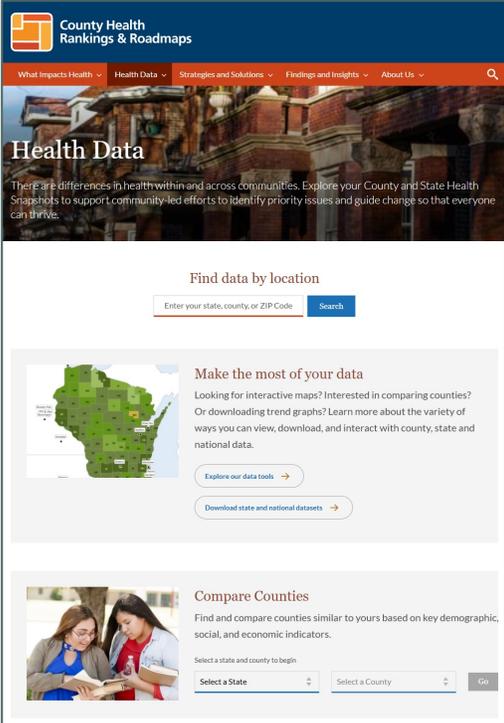


The screenshot shows the website's main navigation and content areas. Step 1 points to the 'Explore the model of health' button. Step 2 points to the 'Find data by location' button. Step 3 points to the 'See the latest from CHR&R' section, which includes articles on mortality trends, COVID-19 evidence resources, and centenarian research. Step 4 points to the 'Solutions for healthier communities' section, which includes 'What Works for Health' and 'Narratives for Health' buttons.

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HEALTH DATA

- Location search
- Data documentation & downloads
- Compare Counties
- Model of Health
- Methodology & sources
- List of measures



The screenshot shows the 'Health Data' section of the website. It features a search bar for 'Find data by location' with a 'Search' button. Below this, there are two main content blocks: 'Make the most of your data' which includes links to 'Explore our data tools' and 'Download state and national datasets', and 'Compare Counties' which includes a form to 'Select a State' and 'Select a County' with a 'Go' button.

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HEALTH DATA → MAKING THE MOST OF YOUR DATA

County Health Rankings & Roadmaps

Health Data

Find data by location

Enter your state, county, or ZIP Code

Make the most of your data

Explore our data tools →

Compare Counties

Making the Most of Your Data

County Health Rankings & Roadmaps provides data and related tools—including maps and graphs—to help people understand the health, and what shapes the health, of their community. Learn about the available resources and how to use them below.

Resources beyond 2026

Due to the program's funding ending in December 2026, we encourage you to take action now to ensure continued access to CHR&R data. Here are a few steps you can take towards accessing CHR&R data in the future:

1. Visit our new [County Health Rankings & Roadmaps Open Source Project \(CHRR-OSP\)](#) site. This project contains an archive of CHR&R code from the 2025 Annual Data Release and data dating back to 2010, as well as a community-driven effort to update and extend the data after the program concludes in 2026.
2. [Download datasets and technical documentation available on our website](#) before the end of the year.
3. Download, save, or print graphs and maps from our County and State Health Snapshots.

County Health Snapshots

County Health Snapshots house measures of population health and well-being and community conditions based on [our model of population health](#).

County Health Snapshots help make sense of your county's data. The snapshot can help you understand your county's current health, changes over time, and identify areas of strength or opportunities for health improvement.

County Snapshot

Measure	2025	2024	2023	2022
Age-adjusted death rate	10.1	10.2	10.3	10.4
Age-adjusted cancer death rate	18.5	18.6	18.7	18.8
Age-adjusted heart disease death rate	12.3	12.4	12.5	12.6
Age-adjusted stroke death rate	15.7	15.8	15.9	16.0

- Health summaries +
- Data and measure details +
- Trend graphs +
- Disaggregated data +

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HEALTH SNAPSHOTS

County Health Rankings & Roadmaps

Health Data

Find data by location

Enter your state, county, or ZIP Code

Make the most of your data

Explore our data tools →

Compare Counties

Find data by location

Minnesota

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STATE
Minnesota 2025

Download Minnesota datasets

Data by County

Select a topic below to explore the health of counties across Minnesota or view [our Model of Health](#).

Population Health and Well-being

Population health and well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.

State National

POPULATION HEALTH AND WELL-BEING GROUP
LEAST HEALTHY IN US HEALTHIEST IN US NOT GROUPED (NA)

Cities Congressional District Lines ([Learn More](#))

Download Map

State Demographics
[Show Demographic Data](#)

HEALTH SNAPSHOTS

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STATE
Minnesota 2025

Download Minnesota datasets

Data by County

Select a topic below to explore the health of counties across Minnesota or view [our Model of Health](#).

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State National

POPULATION HEALTH AND WELL-BEING GROUP
LEAST HEALTHY IN US HEALTHIEST IN US NOT GROUPED (NA)

Cities Congressional District Lines ([Learn More](#))

Download Map

State Demographics
[Show Demographic Data](#)

HEALTH SNAPSHOTS

Population Health and Well-being

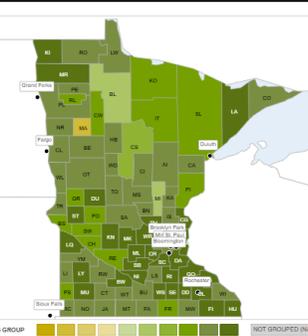
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State National

Jump to: [Alaska](#) [Hawaii](#) [Contiguous U.S.](#)

POPULATION HEALTH AND WELL-BEING GROUP
LEAST HEALTHY IN US HEALTHIEST IN US NOT GROUPED (NA)

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State Demographics

Category	Value
% Below 18 Years of Age	22.1%
% 65 and Older	17.3%
% Female	49.3%
% American Indian or Alaska Native	1.4%
% Asian	5.5%
% Hispanic	6.5%
% Native Hawaiian or Other Pacific Islander	0.1%
% Non-Hispanic Black	7.6%
% Non-Hispanic White	76.9%
% Disability: Functional Limitations	25%
% Not Proficient in English	2%
Children in Single-Parent Households	19%
% Rural	28.1%
Population	5,737,915

** Use caution if comparing these data with prior years

[Hide demographic data](#)

HEALTH SNAPSHOTS

State Health

Trends Available

† Data updated 09/24/2025
‡ Data updated 11/04/2025
§ Data updated 03/25/2026

Population Health and Well-being

Length of life: Minnesota vs United States

Premature Death

Additional Length of life (no)

Quality of life

Poor Physical Health Days

Low Birth Weight

Poor Mental Health Days

Poor or Fair Health

Additional Quality of life (no)

Community Conditions

Children in Poverty

In Minnesota, 10% of children lived in poverty. This ranged from 4% to 27% of children across counties in the state.

Definition: Percentage of people under age 18 in poverty.

Error margin: 9-11%

Years of data used: 2023 & 2019-2023

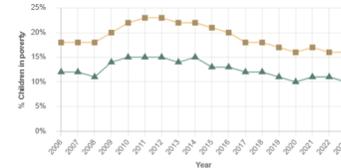
Use caution if comparing these data with prior years

[Explore Related Resources](#)
[Evidence-informed strategies](#) related to this measure
[Map of Children in Poverty for Minnesota](#)
[Methods and limitations](#) for this measure

State and National Trends

Children in Poverty

Graph | Table
Download Graph
All Years



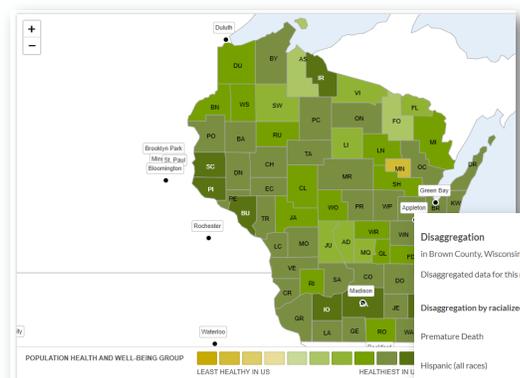
Prior to 2005, Children in poverty was based on the Current Population Survey; beginning in 2005, it was based on the American Community Survey.

[Find additional trend data and documentation.](#)
[Learn more about measuring progress and using trends.](#)

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County Health Rankings & Roadmaps

DOWNLOAD MAPS & GRAPHS



Download Map

County Health Rankings & Roadmaps

What Impacts Health | Health Data | Strategies and Solutions | Findings and Insights | About Us

Home | Health Data | Wisconsin | Brown, Wisconsin

COUNTY: **Brown, WI** | 2025

Search by county, state or ZIP code

Brown County Population Health and Well-being

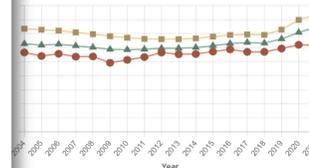
Population health and well-being is something we create as a society, not something an individual is responsible for alone. Health is a state of complete physical, mental, and social well-being and not merely the absence of disease and pain; health is both quality of life and the length of life.

County, State, and National Trends

Trend graphs reflect data released on 03/19/2025.

Additional Life Lost (YPLL)

Graph | Table
Download Graph
All Years



Download Table

Disaggregation	Value	Error Margin
Premature Death	6,100	5,700-6,400
Hispanic (all races)	5,300	4,300-6,300
Non-Hispanic American Indian and Alaskan Native	18,800	15,200-22,400
Non-Hispanic Asian	4,600	3,300-6,300
Non-Hispanic Black	14,200	11,300-17,100
Non-Hispanic White	5,600	5,200-5,900

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DOWNLOAD DATASETS & DOCUMENTATION

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DOWNLOAD DATASETS & DOCUMENTATION

- ▶ CSV Analytic Data
- ▶ Analytic Data Documentation
- ▶ State data
- ▶ Previous years data files
- ▶ GitHub

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County Health Rankings & Roadmaps

countyhealthrankings.github.io/welcome



County Health Rankings & Roadmaps
Open Source Project

Health Snapshots The CHR&R Archives Open Source Community About Us

Open Source Project

The County Health Rankings & Roadmaps Open Source Project aims to preserve, update, and extend CHR&R data and resources.

Since 2008, CHR&R has helped communities understand the factors that shape health and equity. This project continues that mission by advancing transparency and data democratization, ensuring that CHR&R data, methods, and tools remain accessible after funding for the program ends in December 2026.

This project has been developed and curated by current and former CHR&R team members.

See What's New



Archives

Archives of data dictionaries and documentation, measure distributions, methods, and



Health Snapshots *(COMING SOON)*

A user-friendly dashboard to view



countyhealthR package

An R package for quick and



Open Source Community

A community-based effort to extend

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County Health Rankings & Roadmaps

Questions?



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County Health
Rankings & Roadmaps

Upcoming webinar:

April 21, 2026

**Public Health Perseverance:
Learning from past
challenges to inform
the future**



Aletha Maybank
Senior Public Health Advisor
Mitokhon



Sarah Gollust
Professor in the Division of Health
Policy and Management
University of Minnesota School
of Public Health

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County Health
Rankings & Roadmaps

Webinar

Thank You!

countyhealthrankings.org



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