

County Health
Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

MAKING THE MOST OF THE 2018 COUNTY HEALTH RANKINGS

*Using Data, Evidence, Guidance and Stories to build
healthy communities*

countyhealthrankings.org



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

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YOUR PRESENTERS AND FACILITATOR



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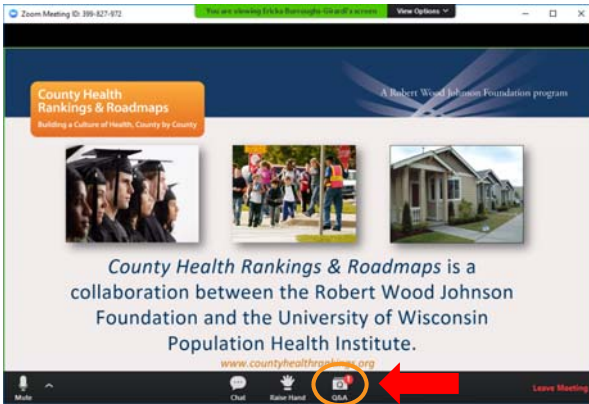
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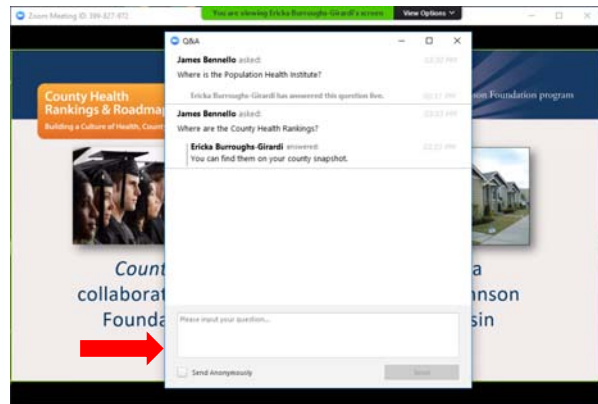
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ASKING A QUESTION IN ZOOM WEBINAR

Viewer Window



Question Box



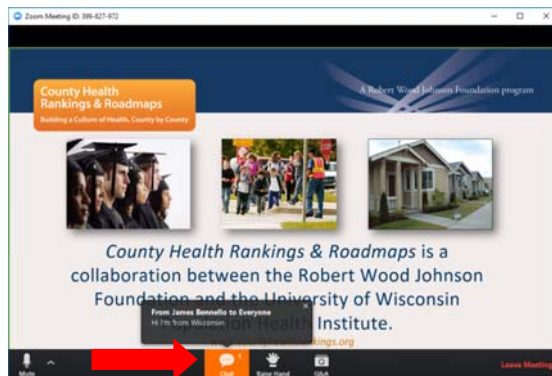
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CHATTING IN ZOOM WEBINAR

Viewer Window



Chat Box



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LEARNING OUTCOMES FOR TODAY

- ▶ New features and resources in the 2018 County Health Rankings, including a focus on health equity.
- ▶ Tips for using featured tools and resources.
- ▶ How to leverage the Rankings release to spur action in your community

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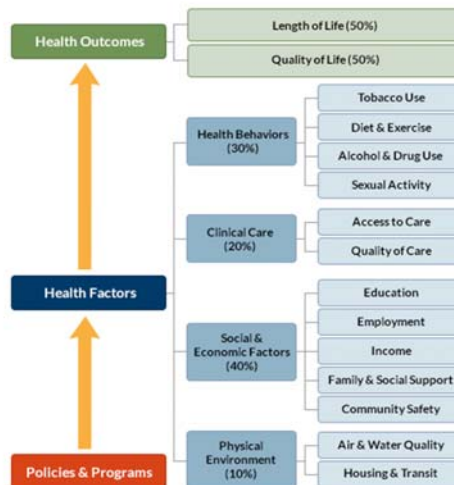


DATA

Using data to reveal the factors that influence health

MAKING THE MOST OF YOUR RANKINGS DATA


- ▶ What goes into the Rankings
- ▶ What are the tools that allow you to get the most from your snapshot
- ▶ What's new on the website this year
- ▶ Introducing the new state reports



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)

MAJOR DATA SOURCES

- ▶ Behavioral Risk Factor Surveillance System (BRFSS)
- ▶ The Dartmouth Institute
- ▶ American Community Survey, 5-year estimates
- ▶ CDC Diabetes Interactive Atlas
- ▶ CDC WONDER
- ▶ Comprehensive Housing Affordability Strategy (CHAS) data
- ▶ County Business Patterns
- ▶ CMS, National Provider Identification (NPI)
- ▶ Fatality Analysis Reporting System (FARS)
- ▶ Uniform Crime Reporting
- ▶ Area Health Resource File
- ▶ Map the Meal Gap
- ▶ Business Analyst, Delorme map data, ESRI and US Census Tigerline Files
- ▶ National Center for Health Statistics (NCHS)
- ▶ National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- ▶ Safe Drinking Water Information System
- ▶ Small Area Health Insurance Estimates
- ▶ Small Area Income and Poverty Estimates
- ▶ Food Environment Atlas
- ▶ U.S. Department of Education (EDFacts)

RANKINGS METHODS



Getting the most out of your rankings snapshot

GETTING THE MOST OUT OF YOUR SNAPSHOT

What do people miss

- ▶ Trend graphs
- ▶ Causes of death
- ▶ Learn more
- ▶ Policies and programs
- ▶ Demographic data
- ▶ Additional measures

POLL

- ▶ Which of these resources have you every tried?

What's new in the 2018 Rankings

PEER COUNTIES

Compare Counties

Select a county to begin

Sacramento (SA), CA ✕

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

Dallas (D), New York
Cook (C), Illinois
Cuyahoga (C), Ohio
Dallas (D), Texas
District of Columbia (DC), District of Columbia
Essex (E), New Jersey
Fulton (F), Georgia
Hamilton (H), Ohio

Ranked Measures	Additional Measures	Sacramento (SA), CA ✕
Health Outcomes		
Length of Life		31
Premature death		27
Quality of Life		6,200
Poor or fair health	12%	17%
Poor physical health days	3.8	3.8
Poor mental health days	3.6	3.9
Low birthweight	7%	7%
Health Factors		
		28

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Measures Downloads Compare Counties Select a county Print Help

Español

SPANISH TRANSLATION

Sacramento (SA)

Overview Rankings Measures Downloads Compare Counties Selecciona un condado Imprimir Ayuda English

← Volver Al Mapa

HEALTH OUTCOMES OVERALL RANK

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

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					31
Duración de la Vida					27
Muerte prematura	6,200	6,100-6,300	5,200	5,200	
Calidad de Vida					36
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					28

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EASIER TO FIND DEMOGRAPHIC DATA

- Norte (DE)
- islaus (SL)
- ta (SH)
- docino (ME)
- i (YU)
- era (MA)
- bernardino (SB)
- boldt (HU)
- (IN)
- ed (MC)
- e (TU)
- as (PU)
- no (FR)
- i (KE)
- you (SY)
- ty (TR)
- (LA)
- er (MO)

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%	
x					
% 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	

Introducing the 2018 State Reports

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



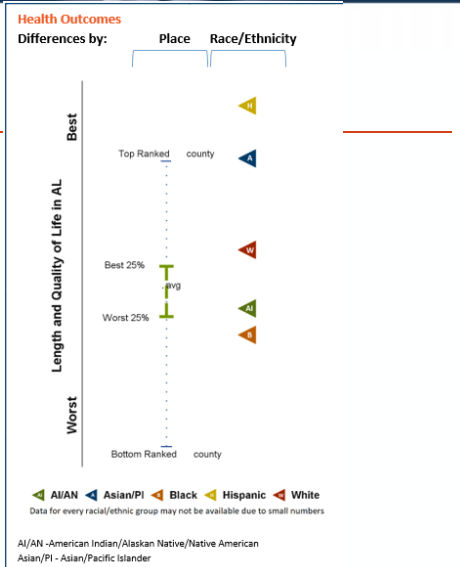
WHAT DO WE MEAN BY HEALTH EQUITY?

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.

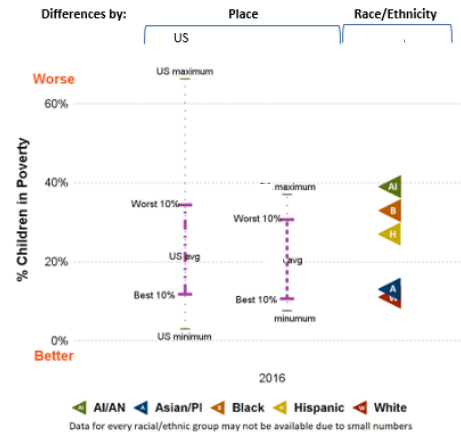
HEALTH OUTCOMES

Length and quality of life vary not only based on where we live, but also by our racial & ethnic background.



SOCIAL AND ECONOMIC FACTORS

Opportunity gaps by race *AND* by place *BOTH* need to be addressed when working to improve community health



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?

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Mixed-use development

Evidence Rating



Health Factors
Housing and Transit
Diet and Exercise

Decision Makers
Government



Creating a multicultural mixed-use community in Greenbridge, WA

To provide affordable housing and on-site community resources in a healthy environment, King County Housing

Mixed-use development supports a combination of land uses within a project rather than developing an area for a single purpose. Mixed-use development projects can be site-specific, neighborhood-based, or regional, and can be incorporated into new development, redevelopment, brownfield, and Smart Growth initiatives in urban and rural areas. Mixed-use development areas have high densities and incorporate places to work, shop, or play within residential areas. Such development is sometimes required through municipal zoning regulations or encouraged through Smart Growth initiatives and neighborhood planning efforts.

Expected Beneficial Outcomes (Rated)

- Increased physical activity

Other Potential Beneficial Outcomes

- Increased active transportation
- Improved health outcomes
- Reduced vehicle miles traveled

Evidence of Effectiveness

There is strong evidence that design and land use policies, including mixed-use development, increase physical activity, especially when combined with transportation system interventions such as developing public transit infrastructure and sidewalks or trails (CG-Physical activity, Brownson 2006, Saelens 2008). Mixed-use development initiatives that include interventions to improve bicycle or pedestrian transportation systems also increase opportunities for active transportation (CG-Physical activity).

In mixed-use development areas, people walk and ride bicycles more often than in single use development areas (Brownson 2006, CDC MMWR-Khan 2009, Saelens 2008, EPA-Kramer 2013). Children who live in Smart Growth neighborhoods with more green space appear to engage in more moderate-to-vigorous physical activity (MVPA), as well as more physical

Mixed-use development typically produces net societal economic, social, and environmental benefits, especially when plans result in dense development in relatively central locations with good access to transit (Chatman 2016). Regional mixed-use development efforts can also reduce the cost of public transportation infrastructure and services (Litman 2017, Litman 2017a). One feasibility study suggests that greyfields (e.g., empty parking lots, closed or dying shopping centers) and redfields (e.g., foreclosed commercial real estate) are more successfully and cost-effectively transformed into mixed-use developments than brownfields (e.g., contaminated lands) or greenfields (e.g., open, undeveloped areas) (Lantos 2013).

Impact on Disparities

No impact on disparities likely

Implementation Examples

Mixed-use development is happening across the country, often as part of Smart Growth projects. In 2015, the US Environmental Protection Agency granted its National Awards for Smart Growth Achievement to Jackson, TN; Hamilton, OH; and Newark, NJ for their innovative use of mixed-use development (US EPA-Smart growth).

Non-profit organizations can support site-specific mixed-use development projects throughout a region, for example, the East Bay Asian Local Development Corporation in Oakland, CA and the greater East Bay area (EBALDC-Healthy neighborhoods). Individual organizations can also support efforts around the country, as in the Congress for New Urbanism (CNU-Building places). The Smart Growth Network, a partnership of non-profit, business, and government organizations, also supports mixed-use development and smart growth projects throughout the US (SGO-Smart growth).

Via Verde in the Bronx, NY is an example of a mixed-use development housing project (Via Verde-Green living).

Implementation Resources

ALBD - Active Living by Design (ALBD), Increasing physical activity and healthy eating through community design.

LHC Toolkit 2009 - Leadership for Healthy Communities (LHC). Action strategies toolkit: A guide for local and state leaders working to create healthy communities and prevent childhood obesity. Princeton: Robert Wood Johnson Foundation (RWJF); 2009.

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Questions?

Leveraging the Rankings (and other resources) for action

CALL TO ACTION

- ▶ Use the media to get your story out
- ▶ Connect with new or existing partners
- ▶ Engage the community in conversation



GETTING YOUR MESSAGE OUT

- ▶ Develop your message – what story do you want to tell? Then tell it
- ▶ Focus on Action and Assets
- ▶ Find your storytellers.
- ▶ Press release
- ▶ Op-eds and Letters to the Editor
- ▶ Social media

WHAT IF YOU ARE A LOW RANKING COUNTY?

- ▶ Pivot from the rank to the work
- ▶ Focus on solutions
- ▶ Highlight the good
- ▶ Rally the community



FOCUS ON EQUITY

Digging deeper:

- ▶ Who isn't thriving?
- ▶ Who doesn't have the same opportunities for good health?
- ▶ What differences are there by race? By place?

Children in poverty

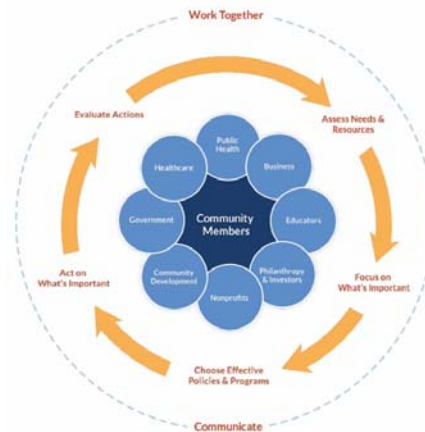
Percentage of children under age 18 in poverty. [Learn more about this measure.](#)

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

Place	% Children in Poverty	Trend	Error Margin	Z-Score	% Children in Poverty - Black	% Children in Poverty - Hispanic	% Children in Poverty - White
Adams	29%		24-35%	1.81	27%	26%	
Ashland	25%		19-31%	1.18			16%
Barron	17%		13-21%	-0.03	20%	17%	
Bayfield	21%		15-26%	0.52			15%
Brown	14%		12-17%	-0.42	48%	32%	9%
Buffalo	14%		10-17%	-0.55	10%	10%	13%
Burnett	22%		17-28%	0.76	9%	9%	20%
Calumet	8%		6-9%	-1.43	36%	8%	
Chippewa	15%		12-19%	-0.28	19%	19%	11%
Clark	21%		16-26%	0.57	34%	34%	23%
Columbia	13%		10-15%	-0.68	38%	38%	11%
Crawford	21%		16-26%	0.61			16%
Dane	10%		8-12%	-1.01	53%	35%	5%

ENGAGING KEY STAKEHOLDERS

- ▶ Who are you trying to engage and why?
- ▶ Which tool or tools
 - Model
 - Data
 - State report



ELECTED OFFICIALS



- ▶ Who are your champions?
- ▶ What is your purpose?
- ▶ What are you asking them to do?
- ▶ What information do they need?

THE COMMUNITY

- ▶ Community can add context – they are experts in local experience
- ▶ They are already organized – how can you tap into their existing meetings
- ▶ Use social media
- ▶ Have a purpose





Questions?

UPCOMING WEBINAR



3 p.m. EST
March 27, 2018

[Register Here](#)

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THANK YOU!

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JOIN US FOR MORE DISCUSSION

- ▶ Have more questions about data? Join Amanda and Ali to continue the discussion about the data resources right after the webinar. To join click here: <https://chrr.zoom.us/j/830917877>
- ▶ Have more questions about how to use the Rankings to engage your community? Or about working with the media? Join Kate and Anne to continue the discussion about the Rankings as a communications tool. To join, click here after the webinar: <https://chrr.zoom.us/j/5037048332>

ADDITIONAL MEASURES

- ▶ Measures that:
 - Provide additional context to ranked measures
 - Are only available in a minority of counties
 - Demographic measures
 - Unrankable measures

Winneshiak (WN) Show areas to explore Show areas of strength

County Demographics +

	Winneshiak County	Trend	Error Margin	Top U.S. Performers	Low	Rank (of 99)
Health Outcomes						2
Length of Life						3
Premature death	3,900	↕	2,800-5,000	5,200	5,900	
Quality of Life						3
Poor or fair health	10%		9-10%	12%	12%	
Poor physical health days	2.7		2.5-2.9	3.0	3.0	
Poor mental health days	2.3		2.7-3.1	3.0	3.3	
Low birth weight	6%		5-7%	6%	7%	
Additional Health Outcomes (not included in overall ranking)						
Premature age-adjusted mortality	210		170-240	270	310	
Child mortality	60		30-110	40	40	
Infant mortality			5	5	5	
Frequent physical distress	8%		8-9%	9%	9%	
Frequent mental distress	9%		9-9%	9%	10%	
Diabetes prevalence	8%		6-11%	8%	10%	
HIV prevalence				42	76	
Health Factors						1
Health Behaviors						1
Adult smoking	14%		13-15%	14%	18%	