

County Health
Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

COUNTY HEALTH RANKINGS & ROADMAPS 101

*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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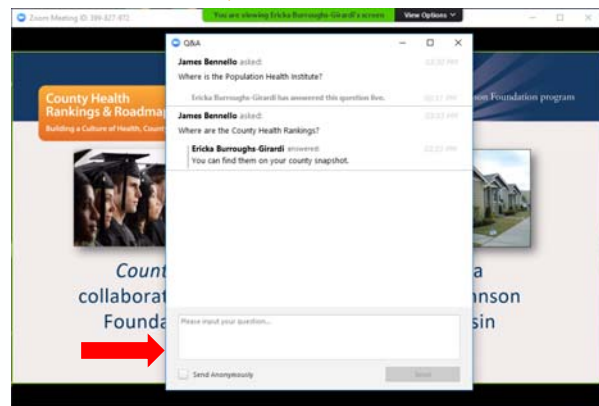
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ASKING A QUESTION IN ZOOM WEBINAR

Viewer Window



Question Box



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CHATTING IN ZOOM WEBINAR

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Chat Box



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LEARNING OUTCOMES FOR TODAY

- ▶ Understand what we do and why we do it
- ▶ Be prepared to use Data, Evidence, Guidance, and Stories to support your work

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WHY WE DO WHAT WE DO

Improve Health Outcomes

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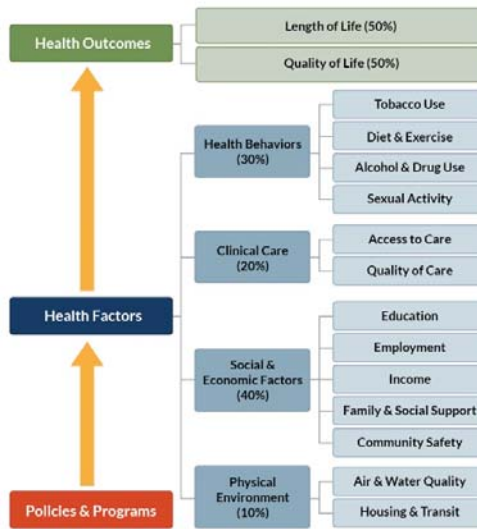
WHY WE DO WHAT WE DO

Increase Health Equity

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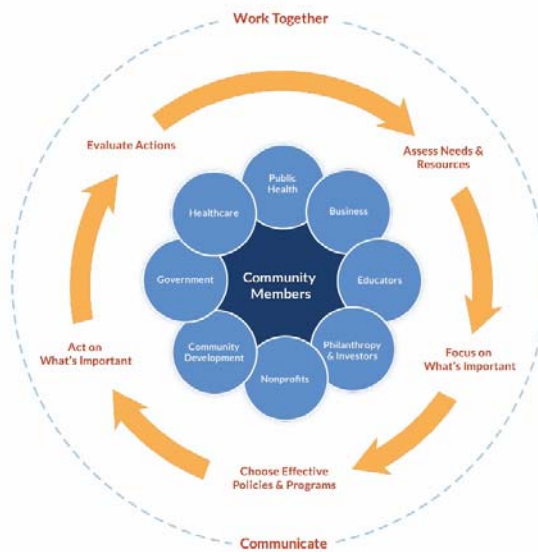
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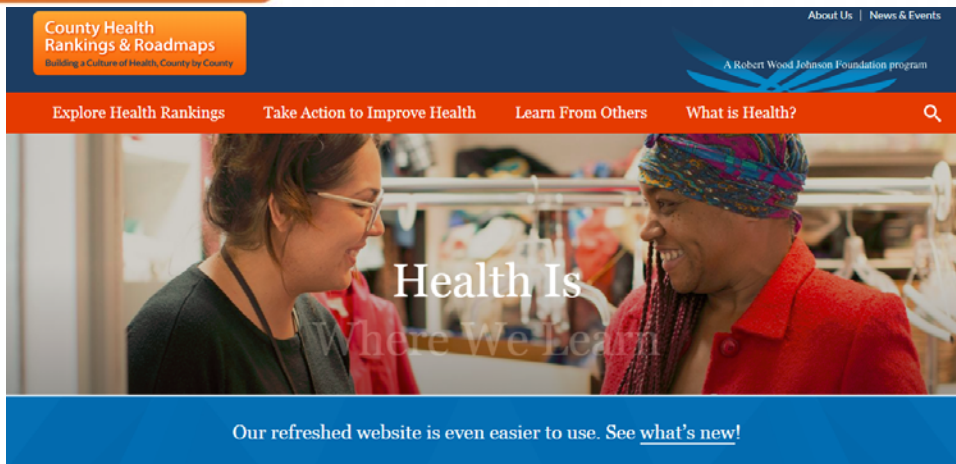
HOW WE SUPPORT COMMUNITIES



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How Healthy is Your Community?

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DATA

Using data to reveal the factors that influence health

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EXPLORE HEALTH RANKINGS

The homepage features a navigation bar with 'Explore Health Rankings', 'State Action to Improve Health', 'Learn More About Us', and 'What is Health?'. The main content area includes 'Explore Health Rankings' with a sub-header 'The annual Ranking of Wisconsin's health outcomes and health behaviors is now available to explore by county.' Below this are three main sections: 'Read Our Reports', 'Find County Rankings', and 'Use the Data'. A 'What and Why We Rank' section explains that rankings are based on 30 measures, with a link to learn more. Other sections include 'Our Methods', 'Why Rank Change', and 'Download Rankings Data and Roadmaps'.

The interface shows a map of Wisconsin with counties color-coded by health ranking. It includes a search bar for counties and a 'Find out how healthy your county is and explore factors that drive your health' section. Below the map are two panels: 'Overall Rankings in Health Outcomes' and 'Overall Rankings in Health Factors', each with a corresponding map. A 'Wisconsin Downloads & Data Resources' section lists reports from 2007 to 2014. A 'Fast Facts Data' section provides a quick overview of health and well-being data. A 'Community Stories From Wisconsin' section features stories from various counties, and a 'Wisconsin County Health Profiles' section provides more detailed information for each county.

This section provides resources for community improvement. It includes a 'Wisconsin Downloads & Data Resources' section with links to reports from 2007 to 2014. A 'Fast Facts Data' section offers a quick overview of health and well-being data. A 'Community Stories From Wisconsin' section features stories from various counties, and a 'Wisconsin County Health Profiles' section provides more detailed information for each county. A 'Ready to take action, but not sure what to do next?' section offers guidance on how to use the data for community improvement.

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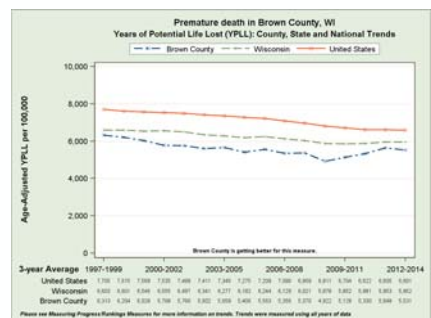
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SNAPSHOT

The 'Snapshot' page for Brown County, WI, provides a detailed overview of health outcomes and behaviors. It includes a 'County Demographics' section with a table showing population, area, and other demographic data. The 'Health Outcomes' section includes 'Length of Life' (Premature death, Life expectancy) and 'Quality of Life' (Poor or fair health, Poor physical health, Poor mental health, Live to thrive). The 'Health Factors' section includes 'Health Behaviors' (Adult smoking, Adult obesity, Food environment index, Physical activity). A table at the bottom shows the overall ranking for each category.

Rank	County	Score
1	Shoshone (ID)	37.75
2	Franklin (WI)	37.75
3	St. Croix (WI)	37.75
4	Taylor (WI)	37.75
5	Washington (WI)	37.75
6	Forest (WI)	37.75
7	Dane (WI)	37.75
8	Paper (WI)	37.75
9	Jefferson (WI)	37.75
10	Waushara (WI)	37.75
11	Portage (WI)	37.75
12	Chippewa (WI)	37.75
13	Calumet (WI)	37.75
14	Manitowish (WI)	37.75
15	Iron (WI)	37.75
16	La Crosse (WI)	37.75
17	Tompkins (WI)	37.75
18	Green (WI)	37.75
19	Franklin (WI)	37.75
20	Buffalo (WI)	37.75
21	Eu Claire (WI)	37.75
22	Dodge (WI)	37.75
23	Chippewa (WI)	37.75

The 'Health Factors' section provides a detailed overview of the 30 measures used in the rankings. It is organized into four categories: Health Behaviors, Child Care, Social & Context Factors, and Physical Environment. Each category includes a list of measures with their respective scores and trends.



MEASURE PAGE

Select a Measure

HEALTH FACTORS

PREVENTABLE HOSPITAL STAYS

Ranking Methodology

Summary Measure: Health Factors - Clinical Care (Quality of Care)

Weight in Health Factors: 5%

Years of Data Used: 2014

Summary Information

Range in Wisconsin (Min-Max): 29-124

Overall in Wisconsin: 45

Top U.S. Performers: 36 (100th percentile)

Preventable hospital stays

Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees.

Learn more about this measure.

Map | Data | Description | Data Source | Policies

Learn More About Preventable Hospital Stays

Preventable Hospital Stays help us measure quality of care in a county.

What do you need to know about this measure?

Preventable Hospital Stays is a rate.
Rates help us fairly compare risks across counties with different population sizes. The rate you see in your hospital is the actual number of preventable hospital stays, divided by the population, and then multiplied by 1,000. Preventable Hospital Stays measure the hospital discharge rate for ambulatory care sensitive conditions per 1,000 fee-for-service Medicare enrollees. That means it looks at people who were discharged from the hospital for conditions that, with appropriate care, can normally be treated without the need for a hospital stay. Examples of these conditions include concussions, chronic obstructive pulmonary disease, back or pneumonia, asthma, congestive heart failure, hypertension, angina, ulcers, diabetes, gastroenteritis, tuberculosis, infections, and dehydration.

Preventable Hospital Stays are measured among fee-for-service Medicare enrollees.

Preventable Hospital Stays is age adjusted.
Our measure of preventable hospital stays is age adjusted. Every county is different in our data provider (Dane County) adjusts the rate for age distribution in counties, allowing the comparison of the risk of preventable hospital stays for fee-for-service Medicare enrollees across different counties. Since we're age adjusting, we're not comparing apples to oranges. And as we age, our risk of preventable hospital stays increases, even among other individuals. This means that counties with older populations are more likely to have higher rates of preventable hospital stays than counties with younger populations. Age adjustment removes the effect of differing age populations as a risk factor for preventable hospital stays. Otherwise, we would not be able to tell if differences in preventable hospital stays across counties were simply due to differently aged populations.

Can this measure be used to track progress?
Preventable Hospital Stays can be used to track progress towards building a healthier community. However, it's important to note that this measure only includes fee-for-service Medicare enrollees, while most community interventions are intended to improve preventive care rates for the whole community. Only including Medicare enrollees means the preventable hospital stays measure includes mostly individuals over 65 and only those under 65 who qualify for Medicare.

What additional resources are available to explore this measure more deeply?
There are several sources of data for local health care quality indicators. You can find data on hospital quality at [Vitality for the Best](#). Data on local health system performance is reported in the [Commonwealth Fund Health System Data Center](#).

KEY TAKEAWAYS

- ▶ Rankings are a starting point
 - To start or broaden conversations about health
 - To move those conversations to action





EVIDENCE

Using evidence to choose strategies that work

EVIDENCE MATTERS

- ▶ Smart investments
- ▶ Inform decisions
- ▶ Inform innovation



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A MENU OF IDEAS

- ▶ Evidence rating
- ▶ Literature summary
 - Who
 - What
 - Cost
- ▶ Disparity rating
- ▶ Implementation examples & tools



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Mixed-use development

Evidence Rating

 Scientifically Supported

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-MHWR- 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 grayfields (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.

SELECTING A STRATEGY: EVIDENCE PLUS

- ▶ Does the strategy work in a way that matters to you?
 - Evidence ratings + expected beneficial outcomes
- ▶ Does the strategy make sense locally?
 - Evidence of effectiveness summary
 - Populations like yours? Communities like yours? Cost?
- ▶ How might the strategy affect gaps?
- ▶ How do you know what it really takes to implement?

COMMUNITIES USE WWFH IN MANY WAYS

- ▶ Learn about policies and programs
- ▶ Inventory current approaches
- ▶ Formulate an action strategy



KEY TAKEAWAYS

- ▶ Evidence is an important part of decision making (but not the only part)
- ▶ What Works for Health provides information about what works, what might work, and what doesn't work
- ▶ Connect the evidence with your local culture and context



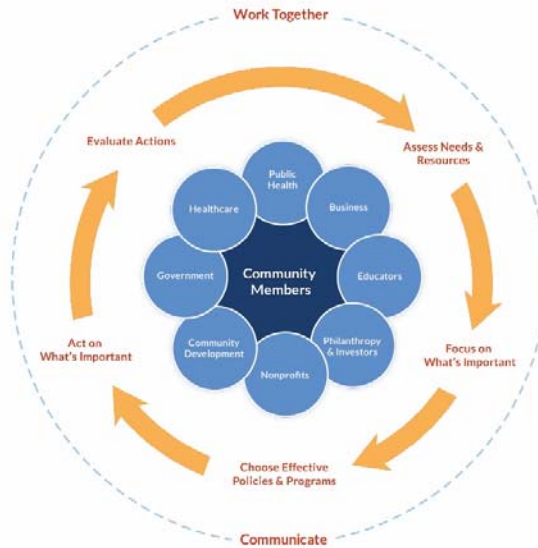
GUIDANCE

Using guidance to put strategies into action

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HOW TO TAKE ACTION: ACTION CENTER

Steps to Move Your Community Forward

The steps below provide a path to help your community move with data to action. In each you will find key activities and suggested tools to guide your progress. Keep in mind: action isn't always linear. Revisit these steps to find the right resources when you need them.



- ▶ Step-by-step guidance and tools
 - ▶ Seven Action Steps
 - ▶ Key Activities and suggested tools to guide your progress
- ★ **TIP:** Set the Action Center as a favorite in your browser. Come back often to find the right resources when you need them.

WHO TO WORK WITH: PARTNER CENTER

What roles do you play in your community?
Who do you want to partner with?

Think about the people in your community who make positive changes happen. Call them leaders, changemakers, or stakeholders - these are the people with whom you want to partner. This section is all about joining with others to make lasting change in your community.



- ▶ Provides guidance around:
 - Why different sectors might care about creating healthy communities
 - What they can do
 - How to engage them

★ **TIP:** If you don't see yourself in any of the sectors listed in the Partner Center, start with Community Members.

COMMUNITY COACHES



- ▶ Help strengthen community efforts through tailored guidance, questions, and support.
- ▶ Connect with a coach via the Contact Us form.

★ **TIP:** You can find the Contact Us button at the bottom of our website, no matter where you are on the site.

Slide 29

KO5 Add a poll here?
Karen Odegaard, 12/20/2017

KK1 yes
Kate Konkle, 1/8/2018

KEY TAKEAWAYS

- ▶ The Action Center answers the question: *How can we take action?*
- ▶ The Partner Center answers the question: *Who should we work with?*
- ▶ Our coaches can help you connect with any of the resources we talked about today.



Questions?

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UPCOMING WEBINAR



Building a Movement for Health Equity

3 p.m. EST

Jan. 23, 2018

[Register Here](#)

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THANK YOU!

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