FINDING & CHOOSING POLICY STRATEGIES TO ADDRESS OHIO’S GREATEST HEALTH CHALLENGES

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www.countyhealthrankings.org
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OUTLINE

County Health Rankings & Roadmaps overview

What Works for Health

Health Gaps report

Hands on exercise

Wrap-up and next steps
FIST TO FIVE

- I use the *County Health Rankings* as a tool.
- I use the *Roadmaps to Health* Action Center to help guide my work.
- I use *What Works for Health* to help guide my work.
COUNTY HEALTH RANKINGS LOGIC MODEL

- Population based data collected

- County Health Rankings

- Media attention

- Community leaders use Rankings release

- Broad community engagement

- Evidence-informed strategies implemented

- Improved health outcomes
County Health Rankings & Roadmaps
Building a Culture of Health, County by County

- Work Together
- Evaluate Actions
- Assess Needs & Resources
- Act on What's Important
- Focus on What's Important
- Choose Effective Policies & Programs
- Communicate
A COMMUNITY IS IN “CHOOSE” WHEN:

- They have selected priorities but not strategies.
  - What’s the best way to increase academic achievement?
  - How can we decrease obesity rates?

- They have been implementing strategies to address an issue but want to do more (maybe move to policy work).
  - We’ve implemented Reach Out and Read. What else can we do?
  - We’ve had fitness challenges and started a community garden. Now what?
WHAT WORKS FOR HEALTH

Find effective programs and policies at [www.countyhealthrankings.org/what-works-for-health](http://www.countyhealthrankings.org/what-works-for-health)
EVIDENCE MATTERS

- Smart investments
- Inform decisions
- Inform innovation
MAKING DECISIONS IN PUBLIC HEALTH PRACTICE

1. We could do what most other communities are doing, but maybe not consider how well it works.

2. We could invent something from scratch – there was a lot of community involvement in assessment and planning.

3. We could look for policies and programs that are in use elsewhere that seem to be successful in ways that might work for us.

Adapted from the Community Tool Box University of Kansas
WHAT WORKS FOR HEALTH EVIDENCE RATINGS

- Scientifically Supported
- Some Evidence
- Expert Opinion
- Insufficient Evidence
- Mixed Evidence
- Evidence of Ineffectiveness
ASSIGNING EVIDENCE RATINGS

‣ Key considerations
  – Number of studies
  – Type of studies
  – Quality of studies

‣ ‘Higher’ ratings need more, stronger studies
HOW COMMUNITIES USE WWFH

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

www.countyhealthrankings.org/roadmaps/what-works-for-health
EXAMPLE: SCHOOL BREAKFAST PROGRAMS

Evidence Rating

Scientifically Supported

Health Factors
Education
Diet and Exercise

Decision Makers
Philanthropy and Investors
Educators
Government

Community in Action

School breakfast programs offer students a nutritious breakfast, often incorporating healthy and culturally relevant choices. Breakfast can be served in the cafeteria, in cafes, from grab and go carts in hallways, or in classrooms as the school day begins. Schools offer breakfast during a morning break, called second chance breakfast (NKH-CBP-School breakfast). Schools that participate in the federal School Breakfast Program receive subsidies for each breakfast served. Students from families with incomes at or below percent of the federal poverty level (FPL) are eligible for free breakfast and those from families with incomes between 130 and 185 percent FPL qualify for reduced-cost breakfasts (FRAC-Woo 2015). Participating schools are reimbursed at higher rates for free and reduced-cost breakfasts.

Expected Beneficial Outcomes (Rated)

- Improved cognitive function
- Increased academic achievement
- Increased healthy food consumption

Other Potential Beneficial Outcomes

- Improved nutrition
- Increased food security

Toledo Launches Universal School Breakfast Program
Evidence of Effectiveness

There is strong evidence that having access to school breakfast programs improves cognition and scholastic achievement, especially among nutritionally deficient or malnourished children (Frisvold 2015, Hoyland 2009, Meyers 1989, Adolphus 2013). Access to school breakfast programs also increases healthy food consumption and can improve breakfast nutrition (Bhattacharya 2006, Murphy 2011, Ask 2006, ERS-Fox 2004, Frisvold 2015).

School breakfast availability can reduce short-term hunger (Mhurchu 2012), marginal food insecurity, and food-related concerns in low income households (USDA-Bartfeld 2009, Bartfeld

Impact on Disparities

Likely to decrease disparities

Implementation Examples

In the 2013-2014 school year, the federal School Breakfast Program served approximately 11.2 million low income children on a typical day (FRAC-Woo 2015). Low income children participate in the School Breakfast Program much more than higher income children, and schools that serve

Implementation Resources

FRAC-SBP - Food Research and Action Center (FRAC). School breakfast program.
NKH-CBP: School breakfast - No Kid Hungry Center for Best Practices (NKH-CBP). School
WHAT WORKS FOR HEALTH DISPARITY RATINGS

- Likely to decrease disparities
- No impact on disparities likely
- Likely to increase disparities
- Disparities by
  - Socio-economic status
  - Race or ethnicity
  - Geographic area
WHAT WORKS FOR HEALTH DISPARITY RATINGS

▶ Rating considerations
  – Strategy design & implementation (e.g., targeting, delivery)
  – Differential effects (e.g., take-up, effectiveness)

▶ Based on
  – Empirical research
  – Theoretical grounding
WHAT WORKS FOR HEALTH DISPARITY RATINGS

- Likely to decrease disparities
- No impact on disparities likely
- Likely to increase disparities
WHAT ACTIONS CAN WE TAKE TO CREATE HEALTH FOR ALL?
MOVING THE NEEDLE ON HEALTH EQUITY

- Raise awareness about differences, e.g.:
  - Heat maps
  - Measures that highlight gaps
  - Reports that emphasize gaps

- Build capacity to address gaps
  - Community coaching
  - Action Center tools
  - WWFH strategies
HEALTH GAPS REPORT

- November 2015
- Issued for each state

Ohio Health Gaps Report

What's driving health differences across the state and how can those gaps be closed?
REPORT INTENDS TO HELP STATE LEADERS UNDERSTAND:

- What health gaps are and why they matter
- The size and nature of the health gaps among counties within states
- What factors are influencing the health of residents
- What state and local communities can do to address health gaps
HEALTH GAPS

- Giving everyone a fair chance to be healthy does not necessarily mean offering the same resources to all, rather offering resources necessary for their good health.
FACTORS THAT CAN DRIVE HEALTH GAPS

› Health gaps
  – Length of life
  – Quality of life
  – Factors that influence health

› Meaningful differences
  – Within states
  – Between states and high performers nationally

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
### HIGHLIGHTED HEALTH GAPS IN OHIO

<table>
<thead>
<tr>
<th>HEALTH FACTORS</th>
<th>Best OH Counties</th>
<th>Worst OH Counties</th>
<th>OH Mean</th>
<th>Best US Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Behaviors</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Adult smoking: adults who are current smokers</td>
<td>17%</td>
<td>31%</td>
<td>21%</td>
<td>14%</td>
</tr>
<tr>
<td>Adult obesity: adults that report a BMI of 30 or more</td>
<td>28%</td>
<td>36%</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td></td>
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</tr>
<tr>
<td>Preventable hospital stays: hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees</td>
<td>55</td>
<td>99</td>
<td>72</td>
<td>41</td>
</tr>
<tr>
<td><strong>Social &amp; Economic Factors</strong></td>
<td></td>
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<tr>
<td>High school graduation: ninth-grade cohort that graduates in 4 years</td>
<td>95%</td>
<td>81%</td>
<td>82%</td>
<td>93%</td>
</tr>
<tr>
<td>Some college: adults ages 25-44 with some post-secondary education</td>
<td>68%</td>
<td>45%</td>
<td>63%</td>
<td>71%</td>
</tr>
<tr>
<td>Unemployment: population 16+ that are unemployed but seeking work</td>
<td>6%</td>
<td>10%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>Children in poverty: children under age 18 living in poverty</td>
<td>13%</td>
<td>32%</td>
<td>23%</td>
<td>13%</td>
</tr>
</tbody>
</table>
STRATEGIES THAT COULD HELP CLOSE GAPS: OBESITY

- Policy examples
  - Places for physical activity
  - Healthy food in convenience stores
  - Zoning regulations for land use policy

For more ideas that could work in your community, see: [http://www.countyhealthrankings.org/policies](http://www.countyhealthrankings.org/policies)
STRATEGIES THAT COULD HELP CLOSE GAPS: EDUCATION

- Policy examples
  - Targeted truancy interventions
  - Universal pre-kindergarten (pre-K)
  - Community schools

For more ideas that could work in your community, see: http://www.countyhealthrankings.org/policies
ACTIVITY: 5 MINUTE DISCUSSION

- How do these data confirm or challenge what you know about health gaps in Ohio?
  - What resonates?
  - What’s missing?

- What might be the drivers of these gaps?

- What is underway to help close gaps? What more could be done?
BUILDING PARTNERSHIPS TO CLOSE GAPS

› Who can you bring together in your community to:
  › Better understand local strengths and resources?
  › Develop and implement sustainable solutions?
  › Track your progress in addressing gaps?
  › Better understand the opportunities, existing efforts and leadership in the community?

For more detailed tools & guidance on how to improve health for all, visit the Roadmaps to Health Action Center:

www.countyhealthrankings.org/roadmaps/action-center
CHOOSING STRATEGIES TO CLOSE GAPS

- Evidence of effectiveness
- Community “fit”
- Priorities
- Readiness
- Capacity
- Resources
- Impact on vulnerable populations
KEY TAKEAWAYS

‣ Differences in opportunities to be healthy exist between groups of people and in the places we live, learn, work, and play

‣ It takes all of us working together to improve the health of a community

‣ Evidence is an important part of decision making, but not the only part

‣ Evidence means different things to different people

‣ You can find data, strategy ideas, and practical help at www.countyhealthrankings.org
SHAPES REFLECTION

What three points do you want to remember?

What’s circling in your mind?

What squares with your beliefs?
QUESTIONS
THANK YOU!

www.countyhealthrankings.org

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