

## County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

# ***FINDING & CHOOSING POLICY STRATEGIES TO ADDRESS OHIO'S GREATEST HEALTH CHALLENGES***

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

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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.

[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

## ACKNOWLEDGEMENTS

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- ▶ Our Partners
  - Including Active Living by Design, Burness, CDC, Dartmouth Institute, Local Initiatives Support Corporation, National Association of Counties, United Way Worldwide

# OUTLINE

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*County Health Rankings & Roadmaps overview*

*What Works for Health*

Health Gaps report

Hands on exercise

Wrap-up and next steps

## FIST TO FIVE

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- ▶ 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.



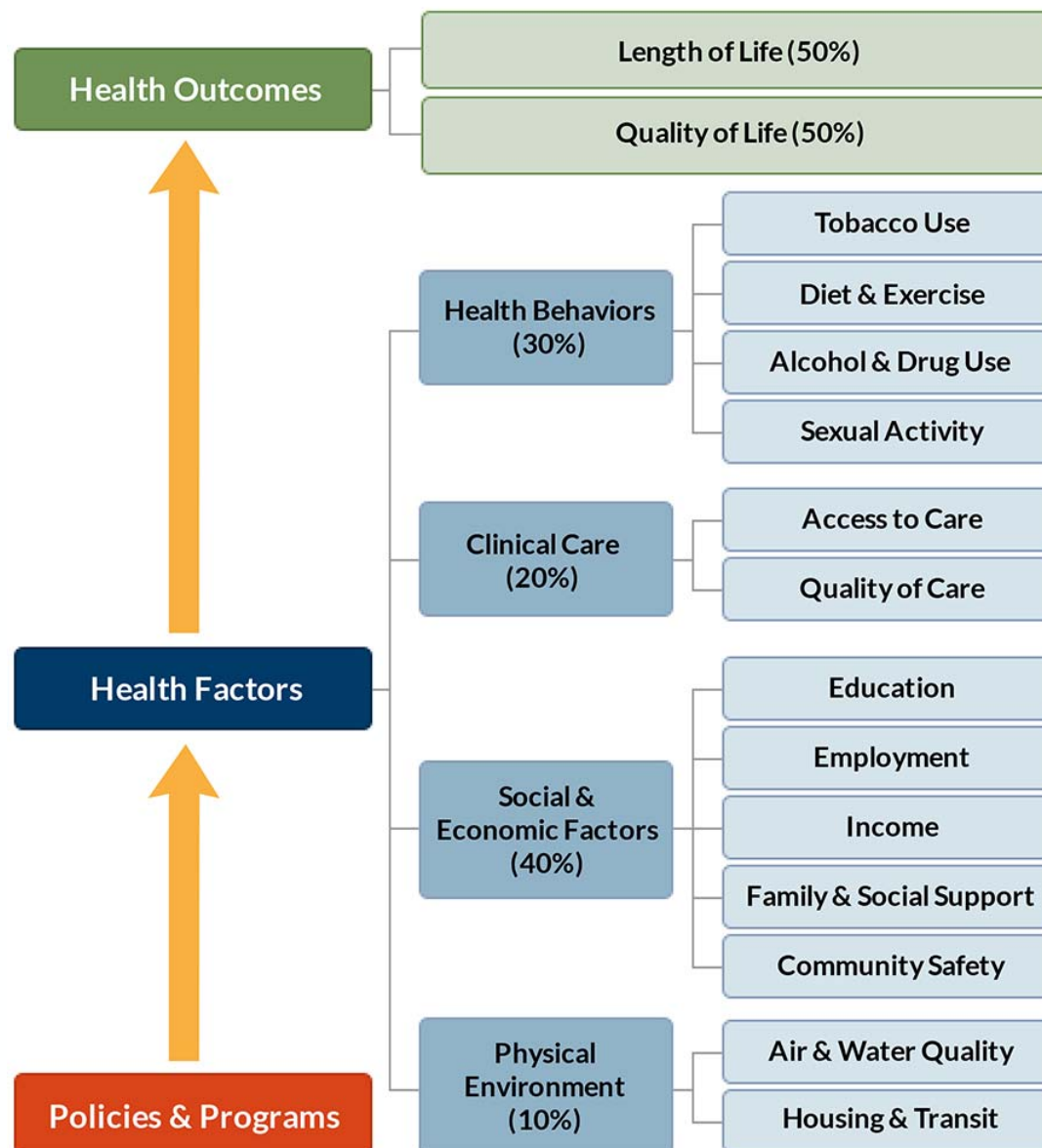
# COUNTY HEALTH RANKINGS LOGIC MODEL



# County Health Rankings & Roadmaps

Building a Culture of Health, County by County

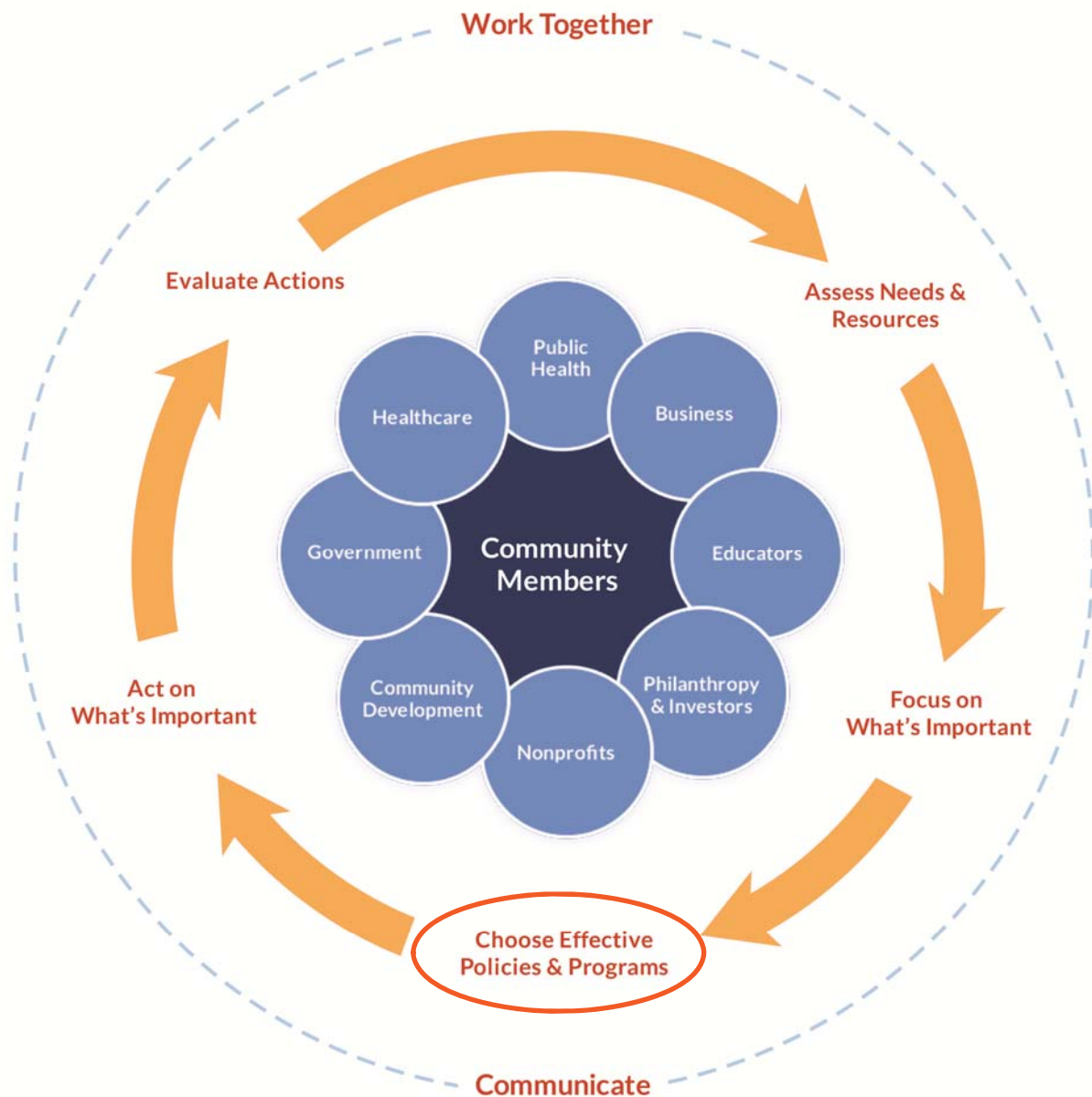
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## A COMMUNITY IS IN “CHOOSE” WHEN:

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- ▶ 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)

## 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.

WANT TO LEARN MORE? - View our 4 minute [What Works for Health Tutorial](#).

To learn more about strategies that could work in your community, select a health factor of interest (the light blue boxes on the far right) in the model below.



County Health Rankings model ©2012 U.S. HPHI

## EVIDENCE MATTERS

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



## MAKING DECISIONS IN PUBLIC HEALTH PRACTICE

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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*



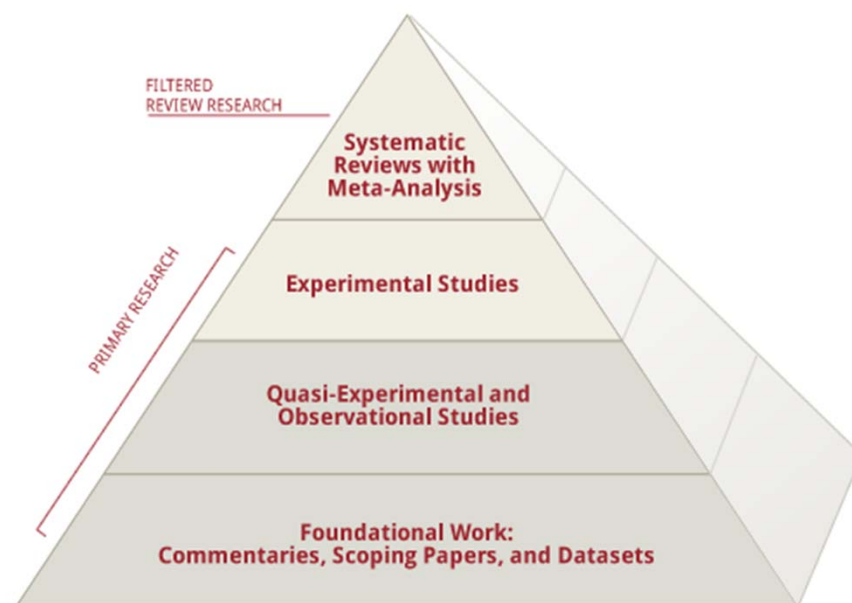
## ***WHAT WORKS FOR HEALTH EVIDENCE RATINGS***

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- ▶ 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

### What Works for Health

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## EXAMPLE: SCHOOL BREAKFAST PROGRAMS

### Evidence Rating



Scientifically Supported

### Health Factors

Education

Diet and Exercise

### Decision Makers

Philanthropy and Investors

Educators

Government

Community in Action



Toledo Launches Universal School Breakfast Program

School breakfast programs offer students a nutritious breakfast, often incorporating healthy and culturally relevant choices. Breakfast can be served in the cafeteria, starts, 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 130 percent of the federal poverty level (FPL) are eligible for free breakfast and children from families with incomes between 130 and 185 percent FPL qualify for reduced-cost breakfasts. Federal participation in the federal program varies by state and region (Bartfeld 2010). In some participating schools offer free breakfast to all students, others only to qualify for free breakfast (FRAC-Woo 2015).

### Expected Beneficial Outcomes (Rated)

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

### Other Potential Beneficial Outcomes

- Improved nutrition
- Increased food security

### 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

[USDA-SBP](#) - Food and Nutrition Service (FNS). School Breakfast Program (SBP). US Department of Agriculture (USDA).

[FRAC-SBP](#) - Food Research and Action Center (FRAC). School breakfast program.

[NKH CRP-School breakfast](#) - No Kid Hungry Center for Best Practices (NKH CRP). School

## ***WHAT WORKS FOR HEALTH DISPARITY RATINGS***

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- ▶ 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

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- ▶ 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***

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- ▶ **Likely** to decrease disparities
- ▶ No impact on disparities **likely**
- ▶ **Likely** to increase disparities

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# WHAT ACTIONS CAN WE TAKE TO CREATE HEALTH FOR ALL?

## MOVING THE NEEDLE ON HEALTH EQUITY

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- ▶ 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?

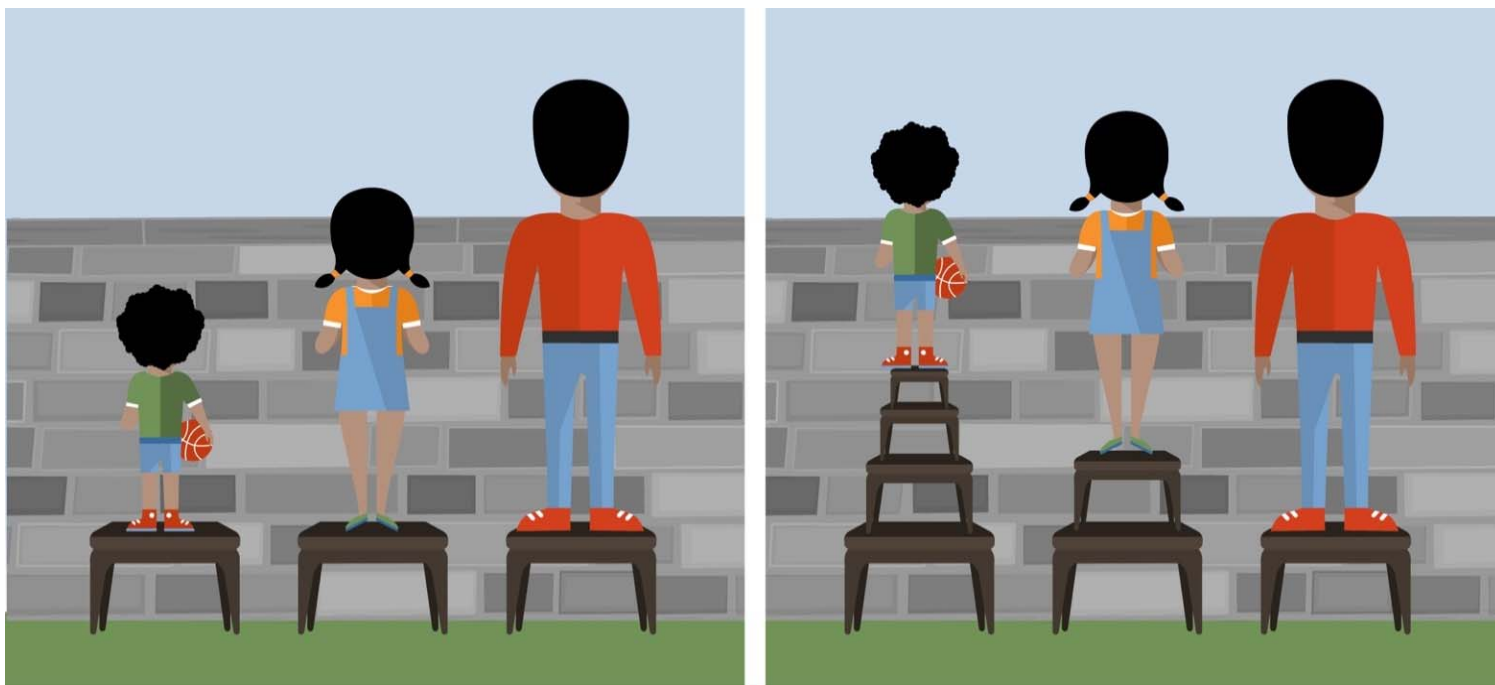


## **REPORT INTENDS TO HELP STATE LEADERS UNDERSTAND:**

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- ▶ 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

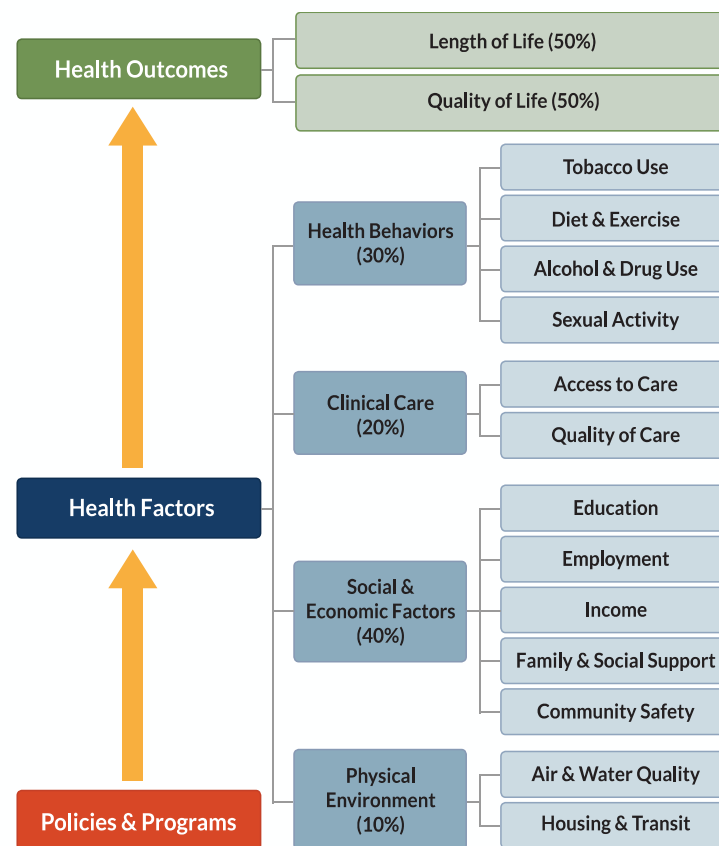
# HEALTH GAPS



- ▶ 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 model © 2014 UWPHI

# HIGHLIGHTED HEALTH GAPS IN OHIO

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

## STRATEGIES THAT COULD HELP CLOSE GAPS: OBESITY

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- ▶ 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>**

## **STRATEGIES THAT COULD HELP CLOSE GAPS: EDUCATION**

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- ▶ 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

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- ▶ 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

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- ▶ 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](http://www.countyhealthrankings.org/roadmaps/action-center)

## CHOOSING STRATEGIES TO CLOSE GAPS

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



## KEY TAKEAWAYS

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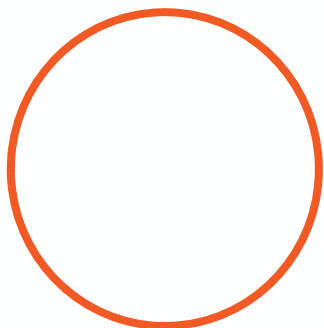
- ▶ Differences in opportunities to be healthy exist between groups of people and in the places we live, learn, work, and play
- ▶ It takes all of us working together to improve the health of a community
- ▶ Evidence is an important part of decision making, but not the only part
- ▶ Evidence means different things to different people
- ▶ You can find data, strategy ideas, and practical help at [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

## SHAPES REFLECTION

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**What three points do you want to remember?**



**What's circling in your mind?**



**What squares with your beliefs?**

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# QUESTIONS

# THANK YOU!

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