AN OVERVIEW OF
2012 COUNTY HEALTH RANKINGS

Presented by Gayle Harris, MPH
COUNTY HEALTH RANKINGS: BACKGROUND

► **What:** State-by-state rankings of the health of each county in the United States

► **Who:** The Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute (UWPHI)

► **When:** Annually – 2012 Data Released April 3

► **Where:** [www.countyhealthrankings.org](http://www.countyhealthrankings.org)
WHY COUNTY HEALTH RANKINGS?

‣ Where we live matters to our health

‣ The *Rankings* helps counties see where they are doing well and where they are not, so they can make changes to improve health.

‣ Health is everyone’s business
WHY RANK?

- Simplify complex data.
- Serve as a hook.
- Media coverage.
- Add context.
- Opportunity to engage full community in taking action.
COUNTY HEALTH RANKINGS: 2 RANKINGS

Health Outcomes

Today’s Health

Health Factors

Tomorrow’s Health
HEALTH OUTCOMES

- Mortality (50%):
  - Measures of how long we live

- Morbidity (50%):
  - Measures of how well we live
HEALTH FACTORS

- Health behaviors (30%)
- Clinical care (20%)
- Social and economic factors (40%)
- Physical environment (10%)
USING COUNTY HEALTH RANKINGS

› The *Rankings* help counties see where they are doing well and where they are not so they can make changes to improve health.

› The *Rankings* help counties see how they compare to other counties in their state, and which of their neighbors they might learn from.
2012 Health Factors - North Carolina
USING THE COUNTY HEALTH RANKINGS & ROADMAPS

- Look at additional data in the community to fully understand strengths and challenges
- Share the County Health Rankings with leaders in the community
- Use the County Health Roadmaps to identify policies and programs to address key challenge areas
- Work with others to identify funds for new program areas
- Work with elected officials and leaders to implement policies to support health
ROADMAPS to HEALTH

Building your roadmap will provide you with the tools and resources to help make your community a healthier place to live, learn, work and play.

WHAT WE KNOW

Policies & Programs
Lorem ipsum dolor sit amet, adipiscing elit consectetur.

Health Factors
Lorem ipsum dolor sit amet, adipiscing elit consectetur.

Health Outcomes
Lorem ipsum dolor sit amet, adipiscing elit consectetur.

WHAT YOU CAN DO

Visit the Action Center
Ways you can take action to make your community healthier.

Find Opportunities
Find funding and resources to support your actions.

Make Connections
Read about other successes and connect with others.

COUNTY-BY-COUNTY BLOG

County Health Rankings 101 Webinar
A series of articles published today in the policy journal Health Affairs examines the burgeoning collaboration between the community development and health sectors to build healthy communities.

Building Healthy Communities
A series of articles published today in the policy journal Health Affairs examines the burgeoning collaboration between the community development and health sectors to build healthy communities.

International Walk to School Day, Oct.5
Today is Walk to School Day, and children, parents, teachers and community leaders in all 50 states are dusting off their sneakers, getting out their bikes and taking part.
FOR MORE INFORMATION:

www.countyhealthrankings.org
Healthy North Carolina 2020 and the County Health Rankings: Crosswalk of Commonalities

Laura Emerson Edwards, RN, MPA
Director, Center for Healthy North Carolina
Healthy North Carolina 2020

- Healthy North Carolina 2020 objectives are the framework for our efforts to improve population health in North Carolina.
- Health and community leaders across our state can use the HNC2020 objectives to work collaboratively to achieve health improvements.
- HNC2020 consists of 13 focus areas and 40 objectives. The focus areas and objectives allow communities and organizations around the state to identify and take action on measures that will have the biggest impact on improving population health.
Healthy NC 2020 Focus Areas

1. Tobacco use
2. Nutrition and physical activity
3. Sexually transmitted infections/Unintended pregnancy
4. Substance abuse
5. Environmental risks
6. Injury
7. Mental health
8. Infectious disease/Food-borne illness
9. Social determinants of health
10. Dental health
11. Maternal and infant health
12. Chronic disease
13. Cross-area measures

http://publichealth.nc.gov/hnc2020
Healthy North Carolina 2020 and the County Health Rankings

Many commonalities exist:

• County Health Rankings relate to the NC Local Health Department Accreditation Program
  – Information can be used to as a parallel activity to support first four elements of 10 essential public health services (monitor, diagnose and investigate, inform and educate, and mobilize) which are part of requirements for accreditation of local health departments

• County Health Rankings relate to the Prevention Action Plan and the Healthy North Carolina 2020 Objectives
  – Information can be used to mobilize communities to support and implement specific relevant evidence-based strategies in Prevention Action Plan
  – County Health Rankings process of tracking over time can be a parallel activity to the tracking of Healthy NC 2020 objective measurements
Healthy North Carolina 2020:

- Objectives marked in red indicate areas where the measures are comparable between the County Health Rankings and Healthy NC 2020.

- Objectives marked in blue indicate areas where the measures are similar, but not directly comparable between CHR and HNC2020.
### Tobacco Use

1. **Decrease the percentage of adults who are current smokers**

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>20.3% (2009)</td>
<td>19.8% (2010)</td>
<td>13.0%</td>
</tr>
</tbody>
</table>

2. **Decrease the percentage of high school students reporting current use of any tobacco product**

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>25.8% (2009)</td>
<td>No update*</td>
<td>15.0%</td>
</tr>
</tbody>
</table>

3. **Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days**

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>14.6% (2008)</td>
<td>7.8% (2010)</td>
<td>0%</td>
</tr>
</tbody>
</table>

* Data for this indicator is collected only in odd numbered years.
## Healthy North Carolina 2020

### Physical Activity and Nutrition

<table>
<thead>
<tr>
<th>1. Increase the percentage of high school students who are neither overweight nor obese</th>
<th>Baseline</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>72.0% (2009)</td>
<td>No update*</td>
<td>79.2%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Increase the percentage of adults getting the recommended amount of physical activity</th>
<th>Baseline</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>46.4% (2009)</td>
<td>No update*</td>
<td>60.6%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Increase the percentage of adults who report they consume five or more servings of fruits and vegetables per day</th>
<th>Baseline</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.6% (2009)</td>
<td>No update*</td>
<td>29.3%</td>
<td></td>
</tr>
</tbody>
</table>

* Data for this indicator is collected only in odd numbered years.
Healthy North Carolina 2020

<table>
<thead>
<tr>
<th>Injury</th>
<th>Baseline</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reduce the unintentional poisoning mortality rate (per 100,000 population)</td>
<td>11.0 (2008)</td>
<td>9.9 (2010)</td>
<td>9.9</td>
</tr>
<tr>
<td>2. Reduce the unintentional falls mortality rate (per 100,000 population)</td>
<td>8.1 (2008)</td>
<td>9.0 (2010)</td>
<td>5.3</td>
</tr>
<tr>
<td>3. Reduce the homicide rate (per 100,000 population)</td>
<td>7.5 (2008)</td>
<td>5.7 (2010)</td>
<td>6.7</td>
</tr>
<tr>
<td>Maternal and Infant Health</td>
<td>Baseline</td>
<td>Current</td>
<td>2020 Target</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>---------------</td>
<td>-------------</td>
</tr>
<tr>
<td>1. Reduce the infant mortality racial disparity between whites and African Americans</td>
<td>2.45 (2008)</td>
<td>2.40 (2010)</td>
<td>1.92</td>
</tr>
<tr>
<td>2. Reduce the infant mortality rate (per 1,000 live births)</td>
<td>8.2 (2008)</td>
<td>7.0 (2010)</td>
<td>6.3</td>
</tr>
<tr>
<td>3. Reduce the percentage of women who smoke during pregnancy</td>
<td>10.4% (2008)</td>
<td>10.2% (2009)</td>
<td>6.8%</td>
</tr>
</tbody>
</table>
## Sexually Transmitted Diseases

### Unintended Pregnancy

<table>
<thead>
<tr>
<th>Objective</th>
<th>Baseline</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Decrease the percentage of pregnancies that are unintended</td>
<td>39.8% (2007)</td>
<td>44.6% (2009)</td>
<td>30.9%</td>
</tr>
<tr>
<td>2. Reduce the percentage of positive results among individuals aged 15 to 24 tested for Chlamydia</td>
<td>9.7% (2009)</td>
<td>10.1% (2010)</td>
<td>8.7%</td>
</tr>
<tr>
<td>3. Reduce the rate of new HIV infection diagnoses (per 100,000 population)</td>
<td>24.7 (2008)</td>
<td>19.7 (2009)</td>
<td>22.2</td>
</tr>
</tbody>
</table>
## Healthy North Carolina 2020

### Substance Abuse

<table>
<thead>
<tr>
<th>1. Reduce the percentage of high school students who had alcohol on one or more of the past 30 days</th>
<th>Baseline</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.0% (2009)</td>
<td>No update*</td>
<td>26.4%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Reduce the percentage of traffic crashes that are alcohol-related</th>
<th>Baseline</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.7% (2008)</td>
<td>5.5% (2009)</td>
<td>4.7%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days</th>
<th>Baseline</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.8% (2007-2008)</td>
<td>8.15% (2008-2009)</td>
<td>6.6%</td>
<td></td>
</tr>
</tbody>
</table>

* Data for this indicator is collected only in odd numbered years.
## Healthy North Carolina 2020

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Baseline</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Reduce the suicide rate (per 100,000 population)</strong></td>
<td>12.4 (2008)</td>
<td>11.9 (2010)</td>
<td>8.3</td>
</tr>
<tr>
<td><strong>2. Decrease the average number of poor mental health days among adults in the past 30 days</strong></td>
<td>3.4 (2008)</td>
<td>3.6 (2010)</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>3. Reduce the rate of mental health-related visits to emergency departments (per 10,000 population)</strong></td>
<td>92.0 (2008)</td>
<td>99.0 (2010)</td>
<td>82.8</td>
</tr>
</tbody>
</table>
Healthy North Carolina 2020

<table>
<thead>
<tr>
<th>Oral Health</th>
<th>Baseline</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Increase the percentage of children aged 1-5 years enrolled in Medicaid</strong> who received any dental service during the previous 12 months</td>
<td>46.9% (2008)</td>
<td>51.7% (2010)</td>
<td>56.4%</td>
</tr>
<tr>
<td><strong>2. Decrease the average number of decayed, missing, or filled teeth among kindergartners</strong></td>
<td>1.5 (2008-2009)</td>
<td>No update**</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>3. Decrease the percentage of adults who have had permanent teeth removed due to tooth decay or gum disease</strong></td>
<td>47.8% (2008)</td>
<td>46.7% (2010)</td>
<td>38.4%</td>
</tr>
</tbody>
</table>

**Data update is not yet available**
# Healthy North Carolina 2020

<table>
<thead>
<tr>
<th>Environmental Health</th>
<th>Baseline</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase the percentage of air monitor sites meeting the current ozone standard of 0.075 ppm</td>
<td>62.5% (2007-2009)</td>
<td>84.6% (2008-2010)</td>
<td>100%</td>
</tr>
<tr>
<td>2. Increase the percentage of the population being served by community water systems (CWS) with no maximum contaminant level violations (among persons on CWS)</td>
<td>92.2% (2009)</td>
<td>96.5% (2010)</td>
<td>95.0%</td>
</tr>
<tr>
<td>3. Reduce the mortality rate from work-related injuries (per 100,000 equivalent full time workers)</td>
<td>3.9 (2008)</td>
<td>3.3 (2009)</td>
<td>3.5</td>
</tr>
</tbody>
</table>
## Healthy North Carolina 2020

<table>
<thead>
<tr>
<th>Infectious Disease Foodborne Illness</th>
<th>Baseline</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase the percentage of children aged 19-35 months who receive the recommended vaccines</td>
<td>77.3% (2007)</td>
<td>81.6% (2010)</td>
<td>91.3%</td>
</tr>
<tr>
<td>2. Reduce the pneumonia and influenza mortality rate (per 100,000 population)</td>
<td>19.5 (2008)</td>
<td>17.5 (2010)</td>
<td>13.5</td>
</tr>
<tr>
<td>3. Decrease the average number of critical violations per restaurant/food stand</td>
<td>6.1 (2009)</td>
<td>No update**</td>
<td>5.5</td>
</tr>
</tbody>
</table>

**Data update is not yet available**
## Healthy North Carolina 2020

### Social Determinants of Health

<table>
<thead>
<tr>
<th>Social Determinants of Health</th>
<th>Baseline</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Decrease the percentage of individuals living in poverty</strong></td>
<td>16.9% (2009)</td>
<td>17.4% (2010)</td>
<td>12.5%</td>
</tr>
<tr>
<td><strong>2. Increase the four-year high school graduation rate</strong></td>
<td>71.8% (2008-9)</td>
<td>77.9% (2010-2011)</td>
<td>94.6%</td>
</tr>
<tr>
<td><strong>3. Decrease the percentage of people spending more than 30% of their income on rental housing</strong></td>
<td>41.8% (2008)</td>
<td>45.6% (2009)</td>
<td>36.1%</td>
</tr>
<tr>
<td>Chronic Disease</td>
<td>Baseline</td>
<td>Current</td>
<td>2020 Target</td>
</tr>
<tr>
<td>-----------------</td>
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</tr>
<tr>
<td>1. Reduce the cardiovascular disease mortality rate (per 100,000 population)</td>
<td>256.6 (2008)</td>
<td>235.8 (2010)</td>
<td>161.5</td>
</tr>
<tr>
<td>2. Decrease the percentage of adults with diabetes</td>
<td>9.6% (2009)</td>
<td>9.8% (2010)</td>
<td>8.6%</td>
</tr>
<tr>
<td>3. Reduce the colorectal cancer mortality rate (per 100,000 population)</td>
<td>15.7 (2008)</td>
<td>14.7 (2010)</td>
<td>10.1</td>
</tr>
</tbody>
</table>
### Healthy North Carolina 2020

<table>
<thead>
<tr>
<th>Cross-cutting</th>
<th>Baseline</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase average life expectancy (years)</td>
<td>77.5 (2008)</td>
<td>78.0 (2010)</td>
<td>79.5</td>
</tr>
<tr>
<td>2. Increase the percentage of adults reporting good, very good, or excellent health</td>
<td>81.9% (2009)</td>
<td>81.9% (2010)</td>
<td>90.1%</td>
</tr>
<tr>
<td>3. Reduce the percentage of non-elderly uninsured individuals (aged less than 65 years)</td>
<td>20.4% (2009)</td>
<td>19.3% (2010)</td>
<td>8.0%</td>
</tr>
<tr>
<td>4. Increase the percentage of adults who are neither overweight nor obese</td>
<td>34.6% (2009)</td>
<td>34.7% (2010)</td>
<td>38.1%</td>
</tr>
</tbody>
</table>
North Carolina: A Better State of Health

America’s Health Rankings
http://www.americashealthrankings.org/
How Can You Find Out More?

Healthy North Carolina 2020
http://publichealth.nc.gov/hnc2020

Laura Edwards  919-802-6611
laura.edwards@centerforhealthync.org

County Health Rankings
http://www.countyhealthrankings.org
Affecting Quality and Applying Evidence-Based Practice to Improve Public Health Outcomes

Lisa Macon Harrison, MPH
The NC Center for Public Health Quality and the NC Center for HNC 2020, working together with the Association of Local Health Directors, the NC Division of Public Health and the NC Institute of Medicine, aim to provide recommendations about updated, easy-to-access and user-friendly approaches and resources that assist local health departments and community partners to apply evidence-based public health strategies in NC.

Recommendations out Fall 2012.
“To achieve state and national objectives for improved population health, more widespread adoption of evidence-based strategies has been recommended.”

-Brownson, et. al., Annu Rev Public Health, 2009

This is one of those sentences with loads of reference numbers after it in many different sources.

The challenge is HOW...
The challenge is NOW...
“It is difficult to estimate how widely evidence-based approaches are being applied. In a survey of 107 US public health practitioners, an estimated 58% of programs in their agencies were deemed evidence-based (i.e. using the most current evidence from peer-reviewed research).

This finding in public health settings appears to mirror the use of evidence-based approaches in clinical care.”

-Brownson, et. al., Annu Rev Public Health, 2009
Research Tells Us...

“It takes 17 years to turn 14% of original research to the benefit of patient care.”

-Dr. Lawrence Green
with reference to Andrew Balas
The research indicates that we really should do something with all this research.

“Bridging the gap”
5 Ways of Making Research and Translation More Relevant for Practice

- Making research more context-based*
- Setting research & evaluation priorities
- Making research findings more actionable, usable, relevant (to whom?)
- Producing, disseminating & translating (adapting) research in and to local circumstances, cultures, and personnel
- Making evidence more practice-based

<table>
<thead>
<tr>
<th>Top Barriers to Implementation/Execution</th>
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<tbody>
<tr>
<td>• Time...time...time...</td>
</tr>
<tr>
<td>• Resistance to change</td>
</tr>
<tr>
<td>• Unintended consequences/risk</td>
</tr>
<tr>
<td>• Managing change process</td>
</tr>
<tr>
<td>• Political environment</td>
</tr>
<tr>
<td>• Deficits in <strong>relevant</strong> and <strong>timely</strong> research</td>
</tr>
<tr>
<td>• Deficits in information systems</td>
</tr>
<tr>
<td>• Deficits in resources</td>
</tr>
<tr>
<td>• Deficits in leadership</td>
</tr>
<tr>
<td>• Required competencies</td>
</tr>
</tbody>
</table>

-Brownson, et. al., Annu Rev Public Health, 2009
How Quality Improvement Addresses Barriers

- PDSA cycles
  - To test on small scale (time)
  - Prevent unintended consequences
  - Adaptation to local context

- Clearly stated goals that are measurable
  - Measurement during change process (resistance, managing change)
What NC is doing to Address Barriers

- QI 101 program / QI Advisor program
- Aligning and Streamlining Initiative
  - Freeing up time for improvement
- NC Community Performance Measures
  - Prioritization
  - Actionable data
- Resources library
- CDC initiatives like Community Transformation Grant include directives for applying EBS
- NCIOM Task Force on Implementing Evidence-Based Strategies for Public Health
Resources
What else is right here in NC? YOU!

“...If we want more evidence-based practice, we need more practice-based evidence.”
- Lawrence W. Green, Am J Prev Medicine 2009

The answer is here in this room

We have public health practitioners, we have thought leaders, we have policy leaders, we have researchers, we have QI specialists, we have networks that are formal and informal across NC to help us do this well.

Including... The NC Public Health Practice Based Research Network (PBRN): The NC Institute for Public Health at UNC, The NC Incubator Collaboratives (Central Partnership and beyond) along with the RWJF & HPDP.
North Carolina Public Health Leaders in Practice: A Response to County Health Rankings

By Dorothy Cilenti, DrPh
Deputy Director,
North Carolina Institute for Public Health
County Health Rankings: A Call to Action

25 Lowest Ranking Counties in North Carolina in 2012
UNC System: Extensive Resource Base

- NC houses #1 public school of public health in the nation
- World renowned faculty/experts
- MPH students engaging in community (capstone/practicum)
UNC Students Gaining Public Health Competencies

- Program planning
- Research and evaluation
- Health communication
- Formative research
- Quantitative analysis
- Grant writing
NCPHLP: North Carolina Public Health Leaders in Practice
Mission and Vision of NCPHLP

MISSION:

The mission of NCPHLP is to harness the collective knowledge of UNC students and faculty to help address the most pressing public health problems as indicated by the County Health Rankings.

VISION:

We envision a healthy North Carolina in which health disparities do not exist by county lines.
NCPHLP Priorities

- To respond to the public health needs identified by the *County Health Rankings* and use the expertise of students and faculty to improve health outcomes
- To strengthen academic ties with the local community and health agencies
- To bolster the capacity of North Carolina public health agencies – especially those in the lowest ranking counties – by providing additional resources and technical assistance
What is NCPHLP?

Summer practicum program that places students in local health agencies in NC

- NC Institute for Public Health assembles team
- UNC Faculty Advisor
- NCPHLP TEAM
- Group of 2-3 Students
- County Health Department and Community Partners
Who Benefits

Student
- Gains practice experience/ applies concepts
- Develops competencies
- Engages with local health agencies and community partners

Faculty
- Mentors/advises student team
- Provides expert advice
- Furthers implementation science
- Engages with local health agency and community partners

Local Health Agency
- Receives technical assistance from students
- Receives expert advice from faculty
- Increases awareness of evidence-based interventions and how to implement them
Improved Outcomes through Collaboration
Questions

Dorothy Cilenti, DrPH
919.843.5427
cilenti@email.unc.edu

For more information, please visit:
http://www.sph.unc.edu/nciph/