

EMPOWERING COMMUNITY HEALTH CHANGE

WITH DATA & RESOURCES

*500 Cities, County Health Rankings & Roadmaps and
Community Commons*

SOUTHERN OBESITY SUMMIT

**ATLANTA, GEORGIA
SEPTEMBER 2, 2017**

County Health RANKINGS & Roadmaps

Data for Community Transformation

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Associate Researcher & Community Coach



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

Support
provided by

Robert Wood Johnson
Foundation



County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program



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

COUNTY HEALTH RANKINGS LOGIC MODEL

Population
based data
collected



*County Health
Rankings*



Media attention



Broad
community
engagement



Community
leaders use
Rankings
release



Evidence-
informed
strategies
implemented



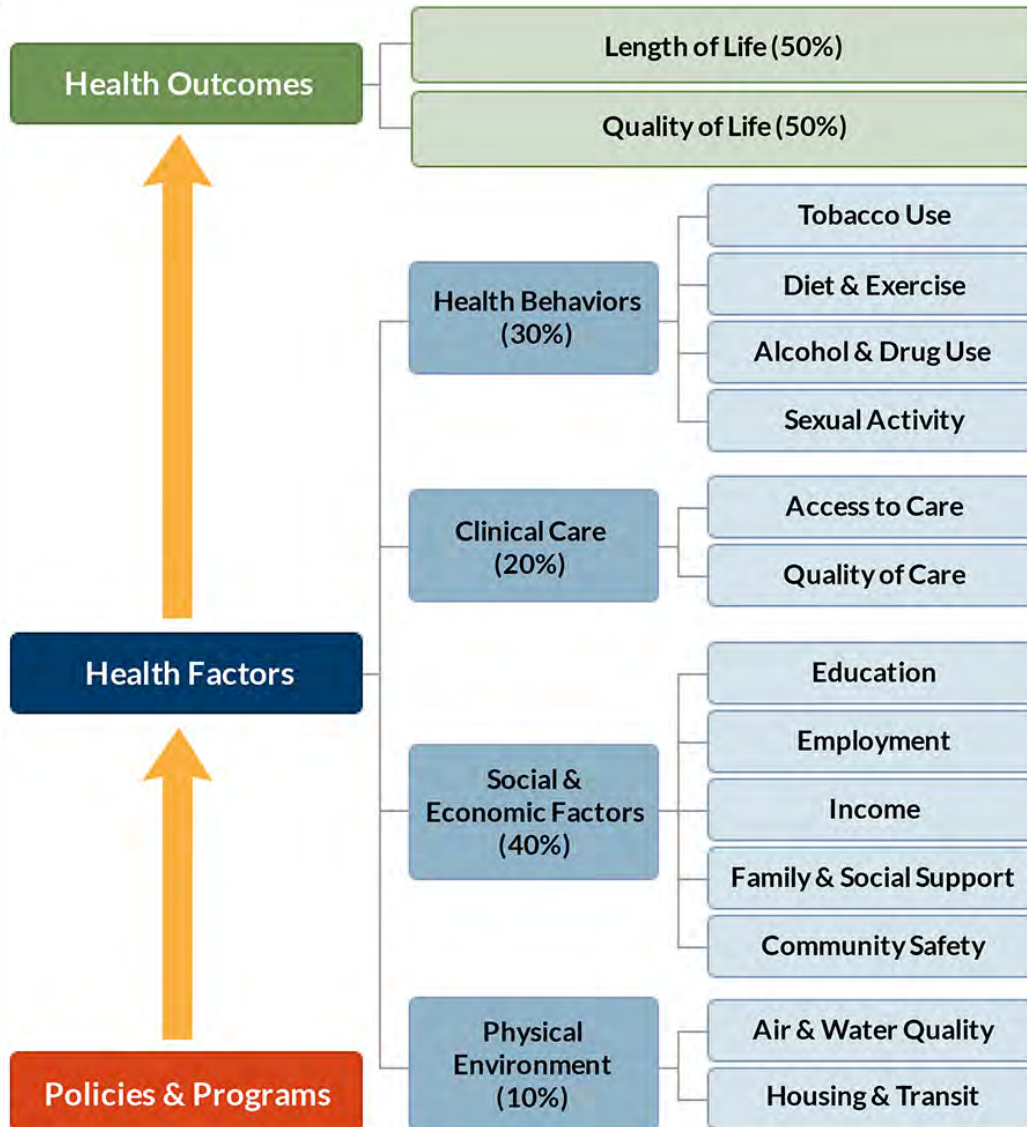
Improved
health
outcomes

Increased
health equity



County Health Rankings:

Defining health in the broadest possible terms





Health Is Where We Live

2018 RWJF Culture of Health Prize applications are now available!

How Healthy is Your Community?

The annual *Rankings* provide a revealing snapshot of how health is influenced by where we live, learn, work and play. They provide a starting point for change in communities.

WWW.COUNTYHEALTHRANKINGS.ORG

County Health Rankings & Roadmaps

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How Healthy is Your Community?

The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. They provide a starting point for change in communities.

Choose a state from the map or search below to begin.

Search



County Health Rankings & Roadmaps

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GEORGIA 2017 Select another state

Tweet

G+

Like 7

Overview

Rankings

Measures

Downloads

Compare Counties

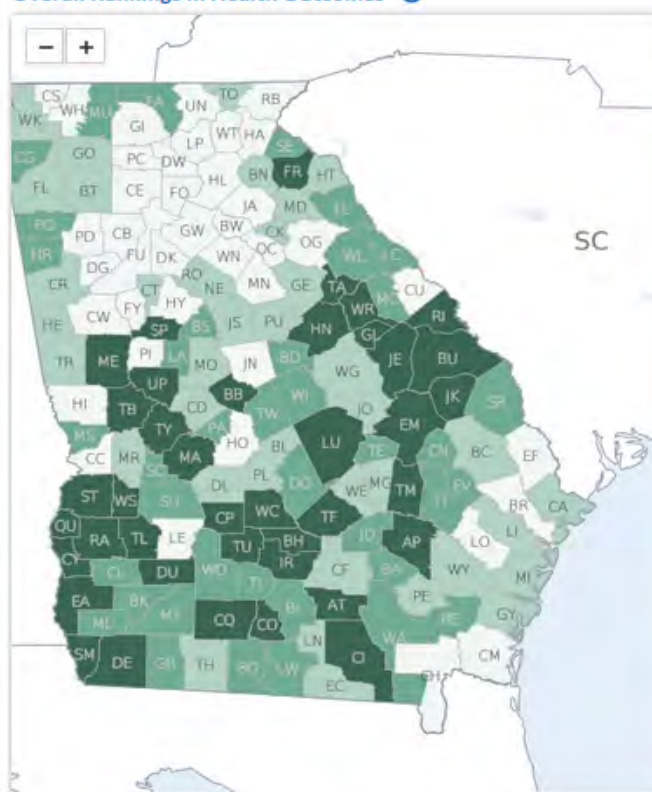
Select a county

Print

Help

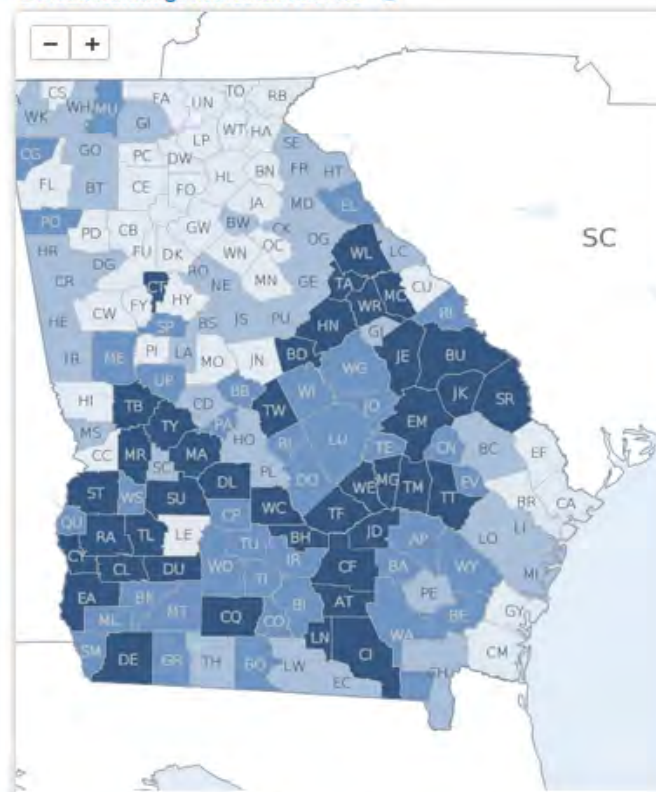
Find out how healthy your county is and explore factors that drive your health

Overall Rankings in Health Outcomes



RANK 1-40 41-80 81-119 120-159 NOT RANKED (NR)

Overall Rankings in Health Factors



RANK 1-40 41-80 81-119 120-159 NOT RANKED (NR)

Overview

Rankings

Measures

Downloads

Compare Counties

Select a county

Print

Help

[Back To Map](#)

Select a Ranking:

HEALTH FACTORS

OVERALL RANK



Rank ▼ County

- 1 Oconee (OC)
- 2 Fayette (FY)
- 3 Forsyth (FO)
- 4 Columbia (CU)
- 5 Harris (HI)
- 6 Cobb (CB)
- 7 Cherokee (CE)
- 8 Union (UN)
- 9 Bryan (BR)
- 10 Pickens (PC)
- 11 Jackson (JA)
- 12 Paulding (PD)
- 13 Lee (LE)
- 14 Dawson (DW)
- 15 White (WT)
- 16 Towns (TO)
- 17 Camden (CM)
- 18 Coweta (CW)
- 19 Morgan (MN)
- 20 Gwinnett (GW)
- 21 Hall (HL)
- 22 Pike (PI)
- 23 Henry (HY)
- 24 Catoosa (CS)

Rockdale (RO)

☐ Show areas to explore☐ Show areas of strength

County Demographics +

| | Rockdale County | Trend ⓘ | Error Margin | Top U.S. Performers ⓘ | Georgia | Rank (of 159) ⓘ |
|---------------------------|-----------------|---------|--------------|-----------------------|---------|-----------------|
| Health Outcomes | | | | | | 45 |
| Length of Life | | | | | | 40 |
| Premature death | 7,700 ⓘ | | 7,000-8,400 | 5,200 | 7,300 | |
| Quality of Life | | | | | | 70 |
| Poor or fair health | 19% ⓘ | | 19-20% | 12% | 17% | |
| Poor physical health days | 4.1 ⓘ | | 3.9-4.2 | 3.0 | 3.7 | |
| Poor mental health days | 3.9 ⓘ | | 3.7-4.0 | 3.0 | 3.8 | |
| Low birthweight | 10% | | 9-11% | 6% | 9% | |

Additional Health Outcomes (not included in overall ranking) +

| | | | | | | |
|----------------------------------|-------|--|--------|-----|-----|----|
| Health Factors | | | | | | 63 |
| Health Behaviors | | | | | | 77 |
| Adult smoking | 18% ⓘ | | 17-18% | 14% | 18% | |
| Adult obesity | 36% | | 29-42% | 26% | 30% | |
| Food environment index | 5.8 | | | 8.4 | 6.6 | |
| Physical inactivity | 26% | | 22-31% | 19% | 23% | |
| Access to exercise opportunities | 88% | | | 91% | 75% | |



food environment index

food environment index



Image source: southernidaholiving.com

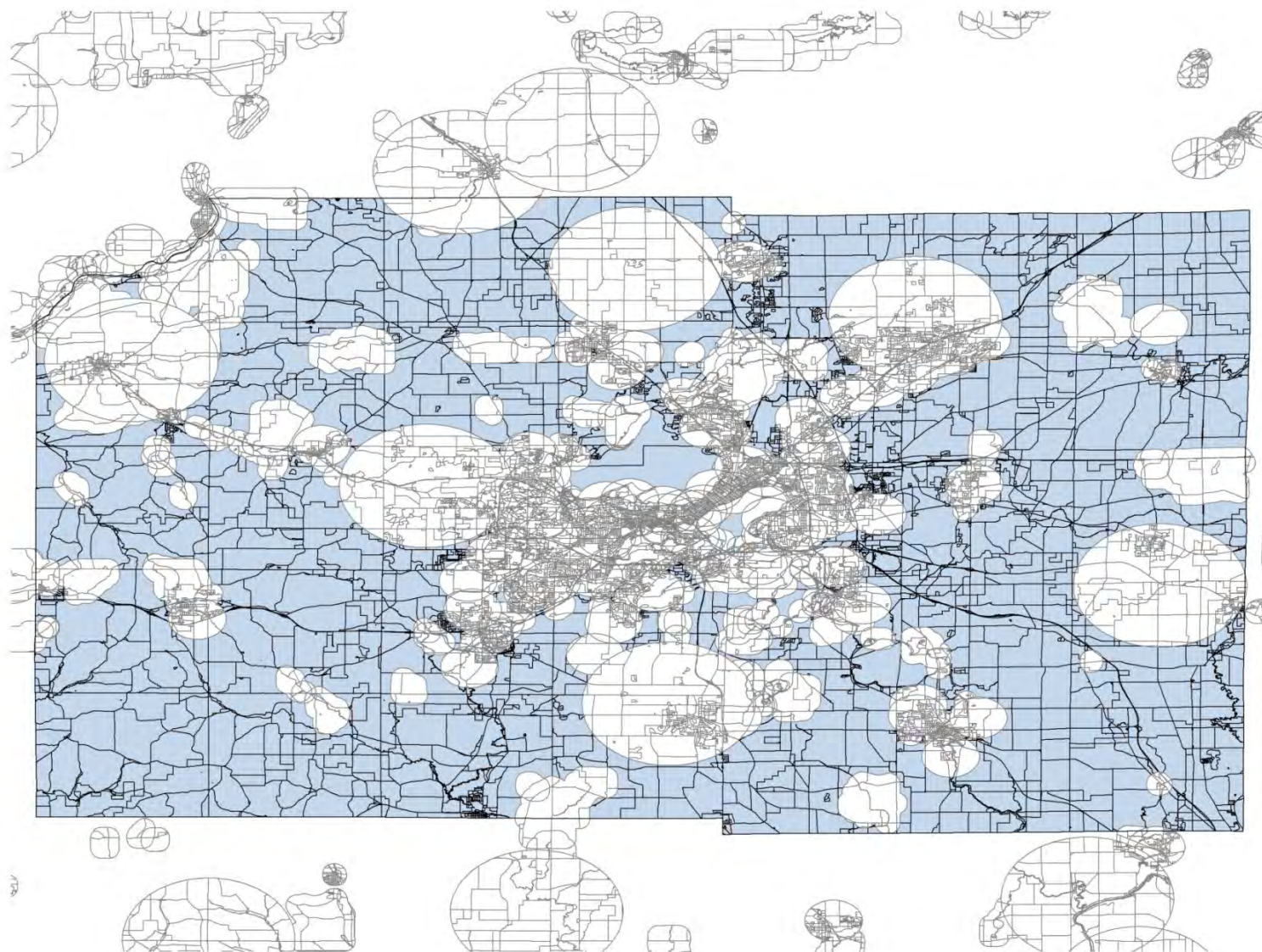
access to exercise opportunities



County Health Rankings & Roadmaps

Building a Culture of Health, County by County

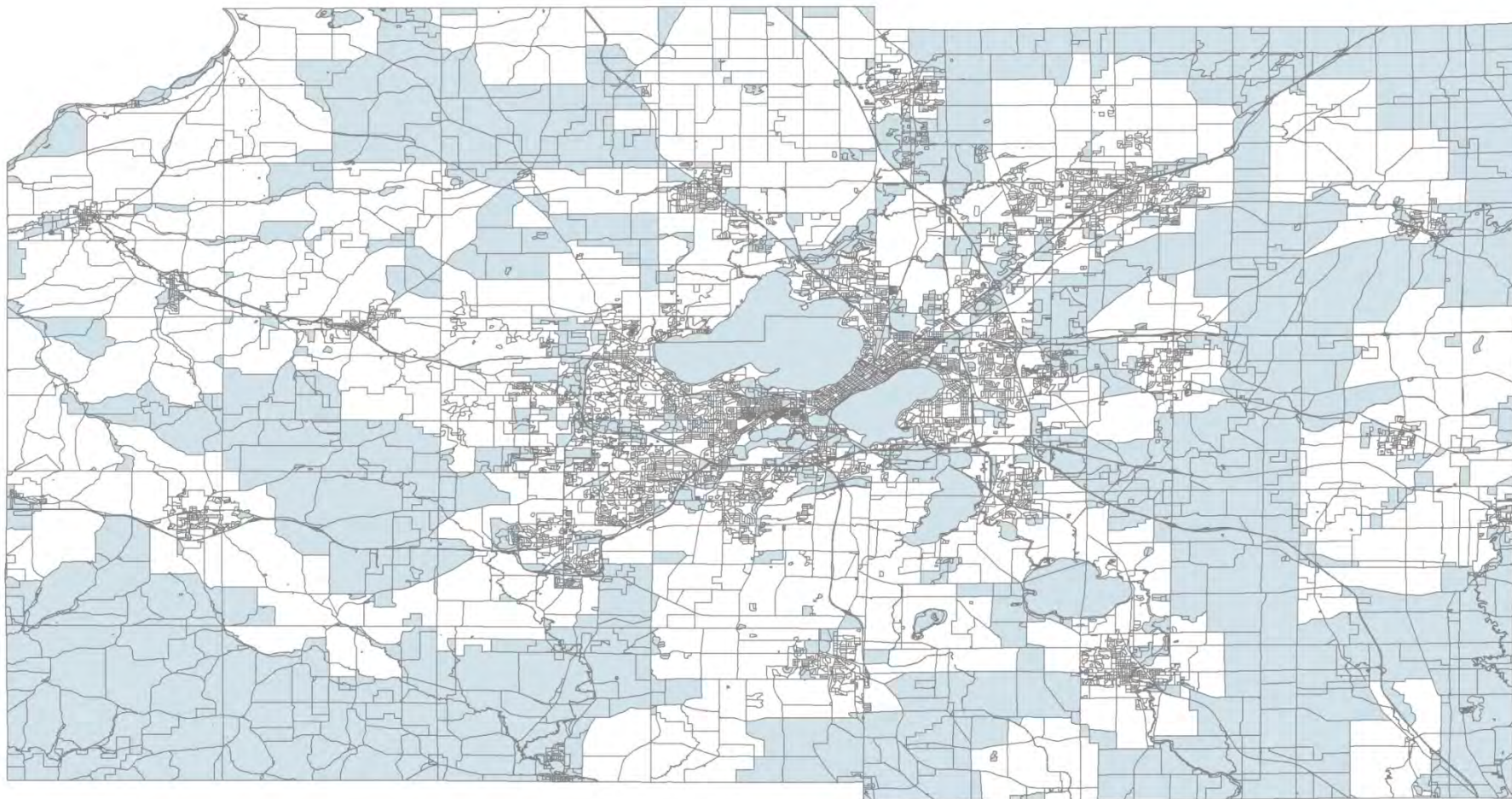
A Robert Wood Johnson Foundation program



County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

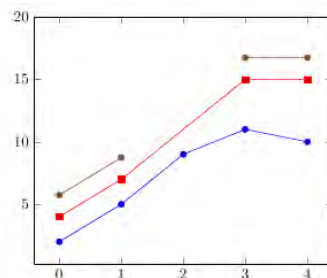


RANKINGS AS AN OPPORTUNITY TO:

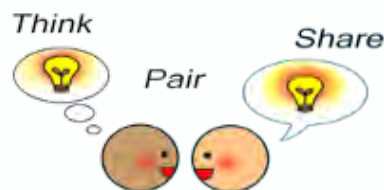
Create a sense of urgency



Use the data



Dig deeper



Share the data



Engage elected officials

**Better understand your community's challenges & strengths,
determine priorities, select effective strategies & take action!**

Chronic Disease Indicators and 500 Cities

James B. Holt, MPA, PhD

October 2, 2017

Two CDC Resources

- ❑ Chronic Disease Indicators (CDI) – States
- ❑ 500 Cities – Cities and Census Tracts
- ❑ Comparison

CHRONIC DISEASE INDICATORS

Chronic Disease Indicators (CDI) – Overview

- ❑ **CDC, CSTE, and NACDD**
- ❑ **Recommended set of chronic disease surveillance indicators**
- ❑ **Uniformly-defined indicator definitions**

CDI – Indicators

- ❑ 18 indicator groups for 124 indicators
- ❑ **Nutrition, Physical Activity & Weight Status (37)**
- ❑ Crude and age-adjusted
- ❑ Stratified by sex and race/ethnicity

The screenshot displays the CDC Chronic Disease Indicators website. The left sidebar lists 18 indicator groups, with 'Nutrition, Physical Activity, and Weight Status' highlighted. The main content area shows the title 'Indicator Definitions - Nutrition, Physical Activity, and Weight Status' and a list of 37 specific indicators. The indicators are organized into two columns. The first column includes indicators such as 'Census tracts with healthier food retailers within 1/2 mile of boundary', 'Computer use among high school students', 'Farmers markets that accept Supplemental Nutrition Assistance Program (SNAP) benefits', 'Farmers markets that accept Women and Infant Children (WIC) farmers market nutrition program coupons', 'Healthy weight among adults aged ≥ 18 years', 'Healthy weight among high school students', 'Infants breastfed at 6 months', 'Live births occurring at Baby Friendly Facilities', 'Mean maternity practices in infant nutrition and care (mPINC) score', 'Median daily frequency of fruit consumption among adults aged ≥ 18 years', 'Median daily frequency of fruit consumption among high school students', 'Median daily frequency of vegetable consumption among adults aged ≥ 18 years', 'Median daily frequency of vegetable consumption among high school students', 'Meeting aerobic physical activity guidelines among high school students', 'Meeting aerobic physical activity guidelines for additional and more extensive health benefits among adults aged ≥ 18 years', 'Meeting aerobic physical activity guidelines for substantial health benefits among adults aged ≥ 18 years', 'Meeting aerobic physical activity guidelines for substantial health benefits and for muscle-strengthening activity among adults aged ≥ 18 years', 'No leisure-time physical activity among adults aged ≥ 18 years', and 'Number of farmers markets per 100,000 residents'. The second column includes indicators such as 'Obesity among adults aged ≥ 18 years', 'Obesity among high school students', 'Overweight or obesity among adults aged ≥ 18 years', 'Overweight or obesity among high school students', 'Overweight or obesity among women aged 18-44 years', 'Participation in daily school physical education classes among high school students', 'Pre-pregnancy overweight or obesity', 'Presence of regulations pertaining to avoiding sugar in early care and education settings', 'Presence of regulations pertaining to screen time in early care and education settings', 'Presence of regulations pertaining to serving fruit in early care and education settings', 'Presence of regulations pertaining to serving vegetables in early care and education settings', 'Receiving formula supplementation within the first 2 days of life among breastfed infants', 'Secondary schools that allow community-sponsored use of physical activity facilities by youth outside of normal school hours', 'Secondary schools that allow students to purchase soda or fruit drinks', 'Secondary schools that allow students to purchase sports drinks', 'Secondary schools that offer less healthy foods as competitive foods', 'Soda consumption among high school students', 'State child care regulation supports onsite breastfeeding', and 'Television viewing among high school students'.

Chronic Disease Indicators

Chronic Disease Indicators
Overview
Help Topics +
Indicator Definitions -

Alcohol
Arthritis
Asthma
Cancer
Cardiovascular Disease
Chronic Kidney Disease
Chronic Obstructive Pulmonary Disease
Diabetes
Disability
Immunization
Mental Health
Nutrition, Physical Activity, and Weight Status
Older Adults
Oral Health
Overarching Conditions
Reproductive Health
School Health
Tobacco

CDC > Centers for Disease Control and Prevention > Chronic Disease Indicators > Indicator Definitions

Indicator Definitions - Nutrition, Physical Activity, and Weight Status

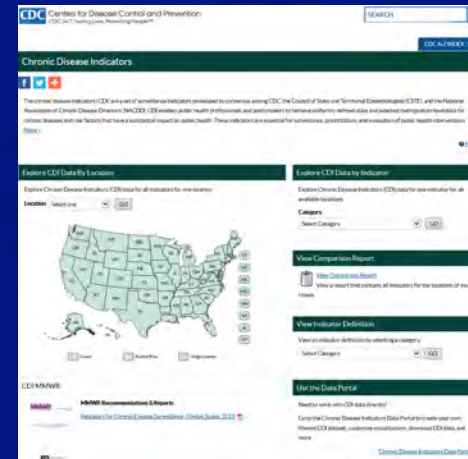
On This Page

- Census tracts with healthier food retailers within 1/2 mile of boundary
- Computer use among high school students
- Farmers markets that accept Supplemental Nutrition Assistance Program (SNAP) benefits
- Farmers markets that accept Women and Infant Children (WIC) farmers market nutrition program coupons
- Healthy weight among adults aged ≥ 18 years
- Healthy weight among high school students
- Infants breastfed at 6 months
- Live births occurring at Baby Friendly Facilities
- Mean maternity practices in infant nutrition and care (mPINC) score
- Median daily frequency of fruit consumption among adults aged ≥ 18 years
- Median daily frequency of fruit consumption among high school students
- Median daily frequency of vegetable consumption among adults aged ≥ 18 years
- Median daily frequency of vegetable consumption among high school students
- Meeting aerobic physical activity guidelines among high school students
- Meeting aerobic physical activity guidelines for additional and more extensive health benefits among adults aged ≥ 18 years
- Meeting aerobic physical activity guidelines for substantial health benefits among adults aged ≥ 18 years
- Meeting aerobic physical activity guidelines for substantial health benefits and for muscle-strengthening activity among adults aged ≥ 18 years
- No leisure-time physical activity among adults aged ≥ 18 years
- Number of farmers markets per 100,000 residents
- Obesity among adults aged ≥ 18 years
- Obesity among high school students
- Overweight or obesity among adults aged ≥ 18 years
- Overweight or obesity among high school students
- Overweight or obesity among women aged 18-44 years
- Participation in daily school physical education classes among high school students
- Pre-pregnancy overweight or obesity
- Presence of regulations pertaining to avoiding sugar in early care and education settings
- Presence of regulations pertaining to screen time in early care and education settings
- Presence of regulations pertaining to serving fruit in early care and education settings
- Presence of regulations pertaining to serving vegetables in early care and education settings
- Receiving formula supplementation within the first 2 days of life among breastfed infants
- Secondary schools that allow community-sponsored use of physical activity facilities by youth outside of normal school hours
- Secondary schools that allow students to purchase soda or fruit drinks
- Secondary schools that allow students to purchase sports drinks
- Secondary schools that offer less healthy foods as competitive foods
- Soda consumption among high school students
- State child care regulation supports onsite breastfeeding
- Television viewing among high school students

CDI Websites

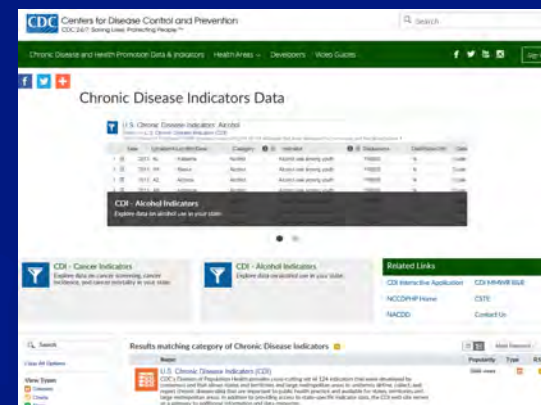
❑ <https://www.cdc.gov/cdi>

- Background information
- Indicator definitions
- Charts
- Tables
- Interactive maps



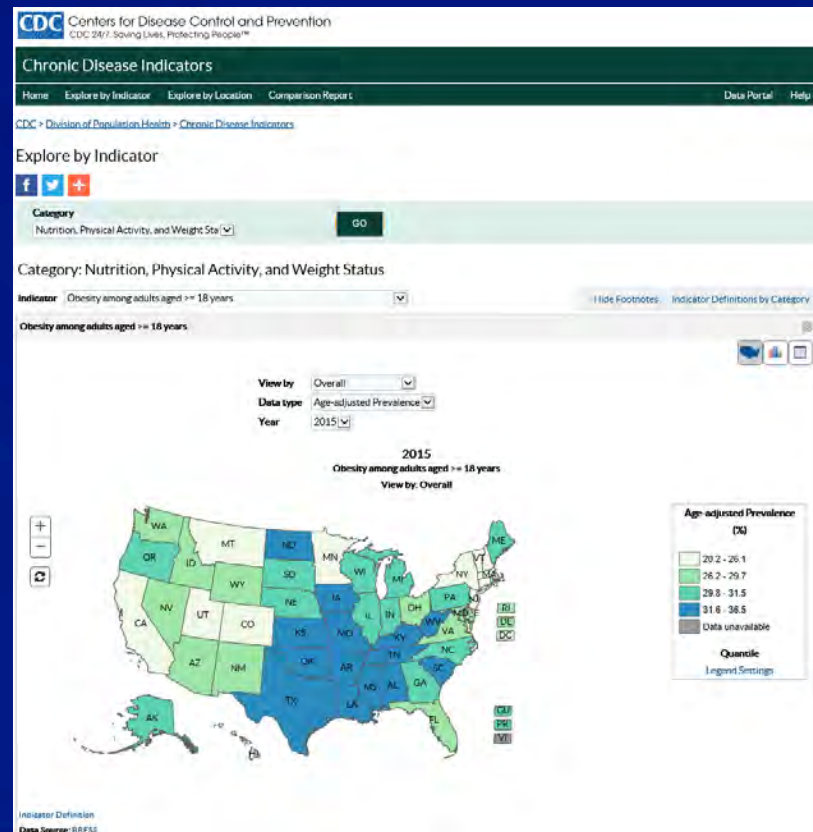
❑ <https://chronicdata.cdc.gov/health-area/chronic-disease-indicators>

- Open data
- Query and download



CDI – Potential Uses

- ❑ Initial source of information on wide range of chronic disease risk factors and health outcomes
- ❑ Maps & graphs for burden reports or needs assessments
- ❑ Performance metrics



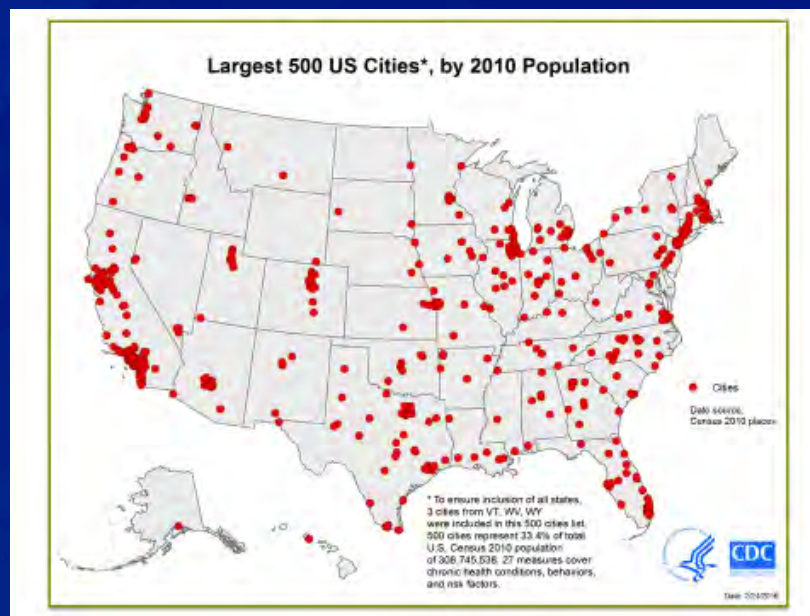
CDI – Potential Uses (continued)

- ❑ How does my state perform on multiple indicators?**
- ❑ What is the geographic variation for one particular indicator?**
- ❑ Where are high needs areas?**
- ❑ Are there significant differences between men and women; between racial/ethnic groups?**

500 CITIES

500 Cities – Overview

- ❑ Robert Wood Johnson Foundation, CDC Foundation, and CDC
- ❑ Small area estimates for the 500 largest American cities, and the census tracts within these cities

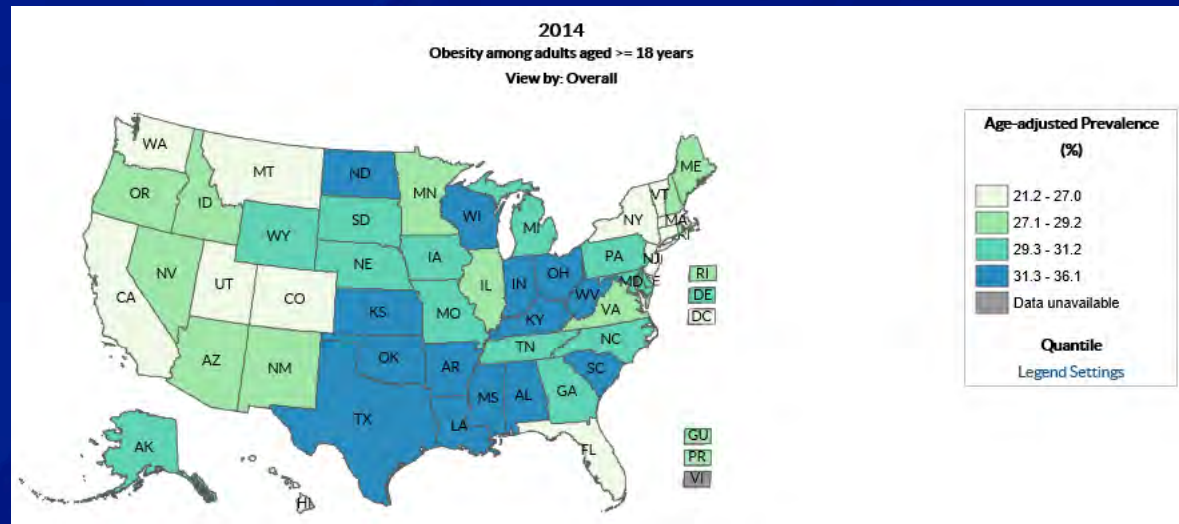


500 Cities: Local Data for Better Health

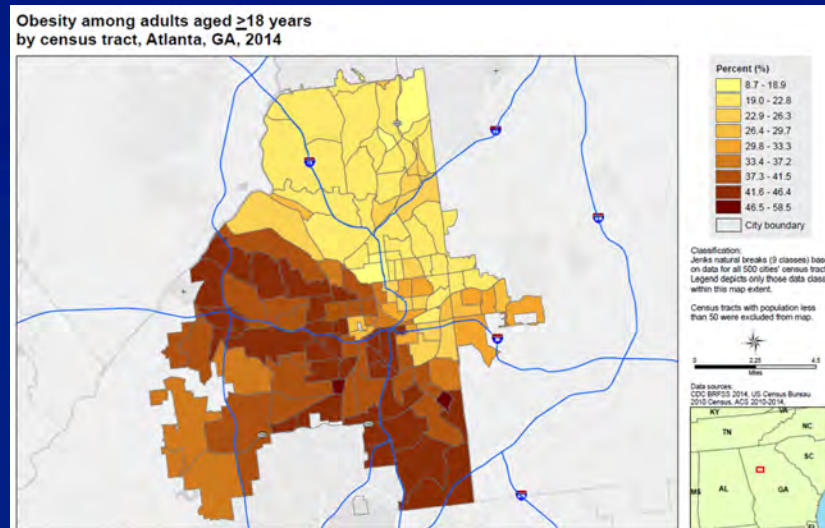
- ❑ **Provide high quality, small-area estimates for 27**
 - Behavioral risk factors that influence health status
 - Health outcomes
 - Use of clinical preventive services
- ❑ **Leverages the Behavioral Risk Factor Surveillance System**

Our Vision

To go from this:



To also have this:



Methods: Small Area Estimation

- ❑ Problem: insufficient (or no) sample sizes to create direct survey estimates at the city level**
- ❑ Small area estimation (SAE) enables the prediction of prevalence for “small” areas (geographically or statistically) where there are small or no samples**
- ❑ Numerous approaches to SAE**
- ❑ Our models predict the statistically expected risk of health behaviors or conditions for:**
 - 208 demographic groups (defined by age, gender, race/ethnicity)**
 - Further adjusted by where they live (state, county, neighborhood)**

500 Cities Data Applications

- ❑ Inform the development and implementation of effective and targeted prevention activities;**
- ❑ Identify emerging health problems; and**
- ❑ Establish and monitor key health objectives.**

500 Cities Data Caveats

- ❑ Models the statistically expected prevalence**
- ❑ Cannot detect effects due to local interventions – should not be used for program or policy evaluations**

CDI and 500 Cities Compared

CDI

- ❑ State-level
- ❑ Annual
- ❑ Stratified
- ❑ Direct estimates
- ❑ 124 indicators

500 Cities

- ❑ City- and tract-level
- ❑ Annual (potentially)
- ❑ Not stratified
- ❑ Small area estimates
- ❑ 27 measures

References

- Holt JB, Huston SL, Heidari K, Schwartz R, Gollmar C, Tran A, Bryan L, Liu Y, Croft JB, 2015. Indicators for Chronic Disease Surveillance. *MMWR Recomm Rep* 2015;64(No. RR-1):1-250.
- Zhang X, Holt JB, Lu H, Wheaton A, Ford ES, Greenlund KG, Croft JB. 2014. Multilevel Regression and Poststratification for Small Area Estimation of Population Health Outcomes. *American Journal of Epidemiology*, 179(8): 1025-1033.
- Zhang X, Holt JB, Yun S, Lu H, Greenland KG, Croft JB. 2015. Validation of Multilevel Regression and Poststratification Methodology for Small Area Estimation of Health Indicators from the Behavioral Risk Factor Surveillance System (BRFSS). *American Journal of Epidemiology*, 182(2):127-137.
- Wang Y, Holt JB, Zhang X, Lu H, Shan S, Dooley D, Matthews K, Croft JB. 2017. Comparison of Methods for Estimating Prevalence of Chronic Diseases and Health Behaviors for Small Geographic Areas: Boston Validation Study, 2013. *Preventing Chronic Disease*. In press.



<https://www.cdc.gov/cdi>
<https://www.cdc.gov/500cities>

Saving Lives. Protecting People. Saving Money through Prevention.



For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: <http://www.cdc.gov>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Office of the Director

Division of Population Health



An Overview of Community Commons

Jamie Kleinsorge, MS, Project Director
Institute for People, Place, and Possibility (IP3)



communitycommons.org

WHO MANAGES COMMUNITY COMMONS?



people, place & possibility



CommunityInitiatives
network

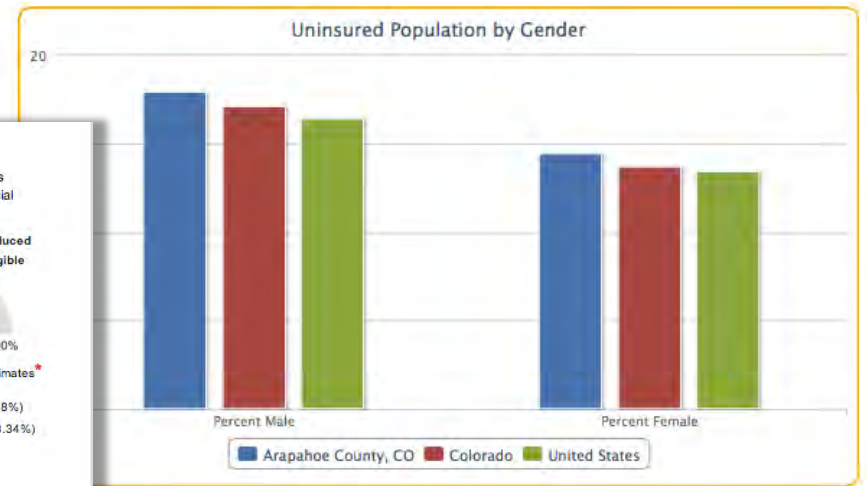
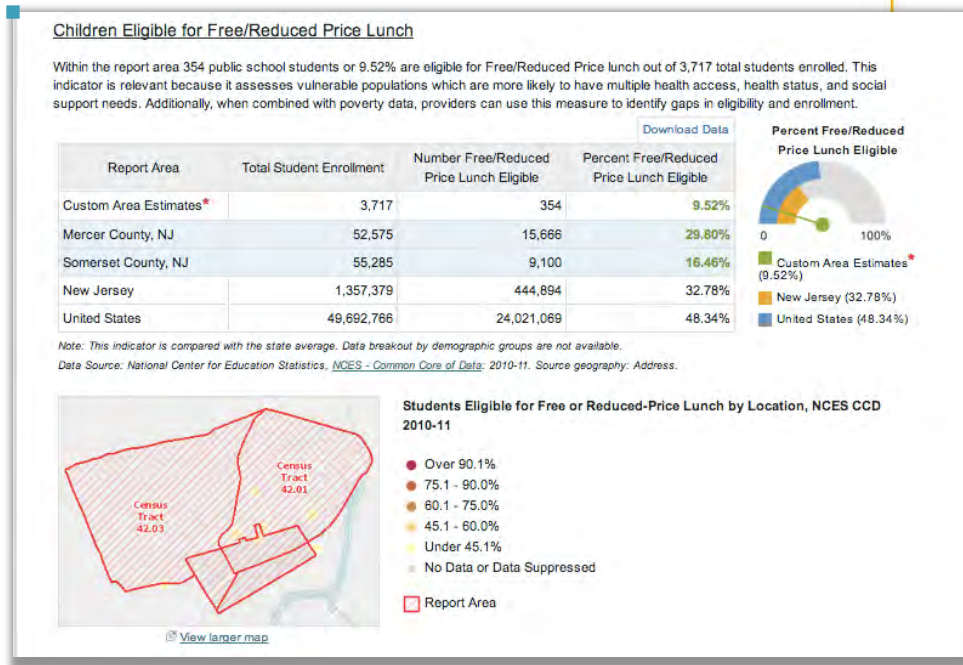


communitycommons.org

WHAT IS COMMUNITY COMMONS?



A place to spur actions and investments that lead to healthier, more equitable, and more sustainable communities.



Providing change-makers with access to meaningful data and visualizations...

WHO USES COMMUNITY COMMONS?

American Heart
Association



KAISER PERMANENTE®



Robert Wood Johnson
Foundation



WOMEN'S FOUNDATION



W.K.
KELLOGG
FOUNDATION™



communitycommons.org

HOW DO INDIVIDUALS, ORGANIZATIONS AND COMMUNITIES USE COMMUNITY COMMONS?



- Community Assessment
 - Community Health Needs Assessments
 - Community Needs Assessments
- Identifying Vulnerable Populations and Gaps in Services
- Grant Funding Justification
- Data Visualization
 - Community and Economic Development
 - Advocacy
- Networking, Collaboration, and Peer Learning
- Program and Strategy Evaluation



DATA ON COMMUNITY COMMONS



| Layer Name | Data Source | Geography |
|--|--|----------------------|
| City/Place Boundaries, TIGER 2013 Info Map | US Census Bureau, Topologically Integrated Geographic Encoding and Referencing: 2013 | • Place |
| County Boundaries, TIGER 2013 Info Map | US Census Bureau, Topologically Integrated Geographic Encoding and Referencing: 2013 | • County |
| County Subdivision Boundaries, TIGER 2013 Info Map | US Census Bureau, Topologically Integrated Geographic Encoding and Referencing: 2013 | • County Subdivision |
| Metro Planning Areas, NTA 2014 Info Map | US Department of Transportation National Transportation Atlas | |

20,000+ Data Layers

SEARCH DATA

[Search](#) [Clear](#)

Data Geography

- ☐ State
- ☐ County
- ☐ Place (City and Town)
- ☐ Sub-county
- ☐ ZCTA (ZIP Code)
- ☐ Other
- [+ Show more](#)

Public Data [Shared Data](#) [Hub Data](#) [My Data](#)

- Public Data
 - Civic/Social
 - Economic
 - Education
 - Environment
- Health
 - Children and Families
 - Clinical Care
 - Food
 - Health Behaviors
 - Health Facilities / Professionals
 - Health Insurance
 - Health Outcomes
 - Health Rankings
 - Health Spending
 - Local Data
- International Data

[Add to Map](#) [Cancel](#)

[Add Data Layers](#) [Add Web Maps](#) [Upload Data](#) [Create Data](#)

SEARCH DATA

Enter a keyword or topic to find data

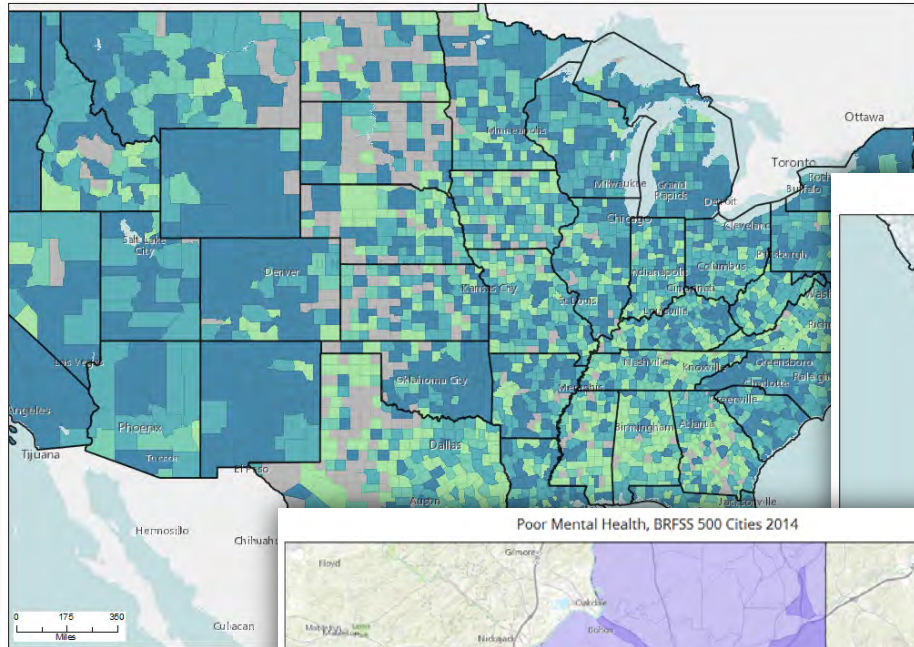
[Search](#)

[Browse data by topic](#) | [Browse data by source](#) | [Go to My Data](#)

Civic/Social • Economic
Education • Environment
Health

DEMOCRATIZING THE USE OF GIS

Access to Mental Health Care Providers, CHR 2017

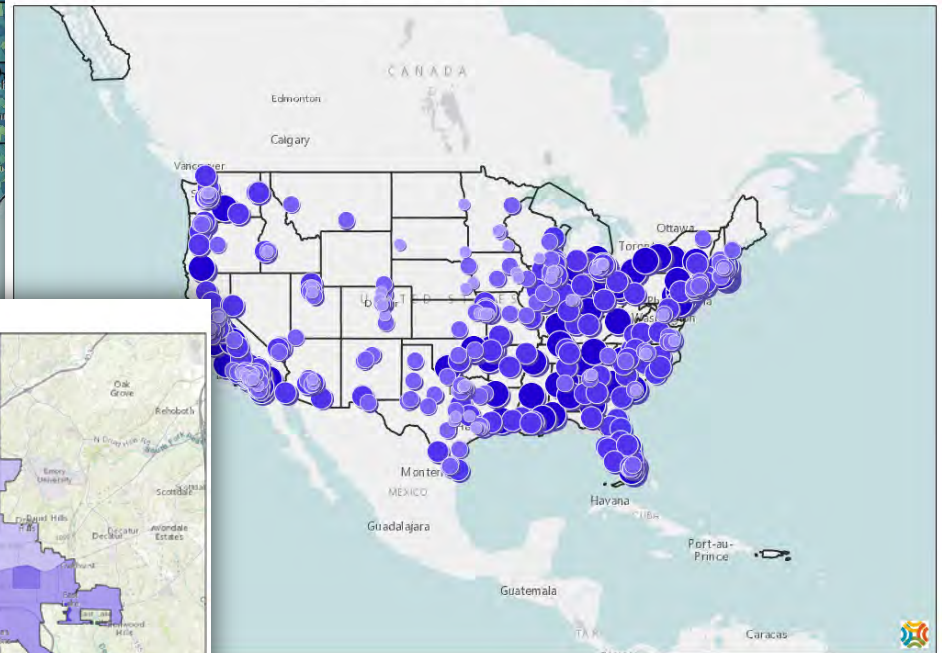


Access to Mental Health Care Providers, CHR 2017

- Over 120.0
- 55.1 - 120.0
- 30.1 - 55.0
- Under 30.1
- No Data or Data Suppressed

Map County Health Rankings and 500 Cities data

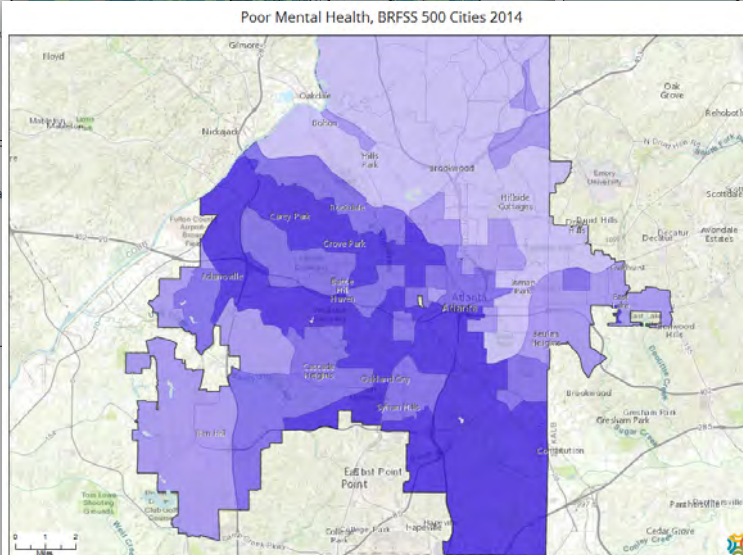
Poor Mental Health, 500 Cities 2014



Map Legend

Prevalence Among Adults Age 18+ by City, BRFSS 500 Cities Project 2014

Community Commons, 9/29/2017



Map Legend

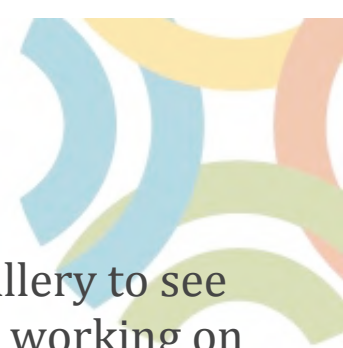
Poor Mental Health, Prevalence Among Adults Age 18+ by Tract, BRFSS 500 Cities Project 2014

- Over 16.0%
- 13.1% - 16.0%
- 10.1% - 13.0%
- Under 10.1%
- No Data or Data Suppressed

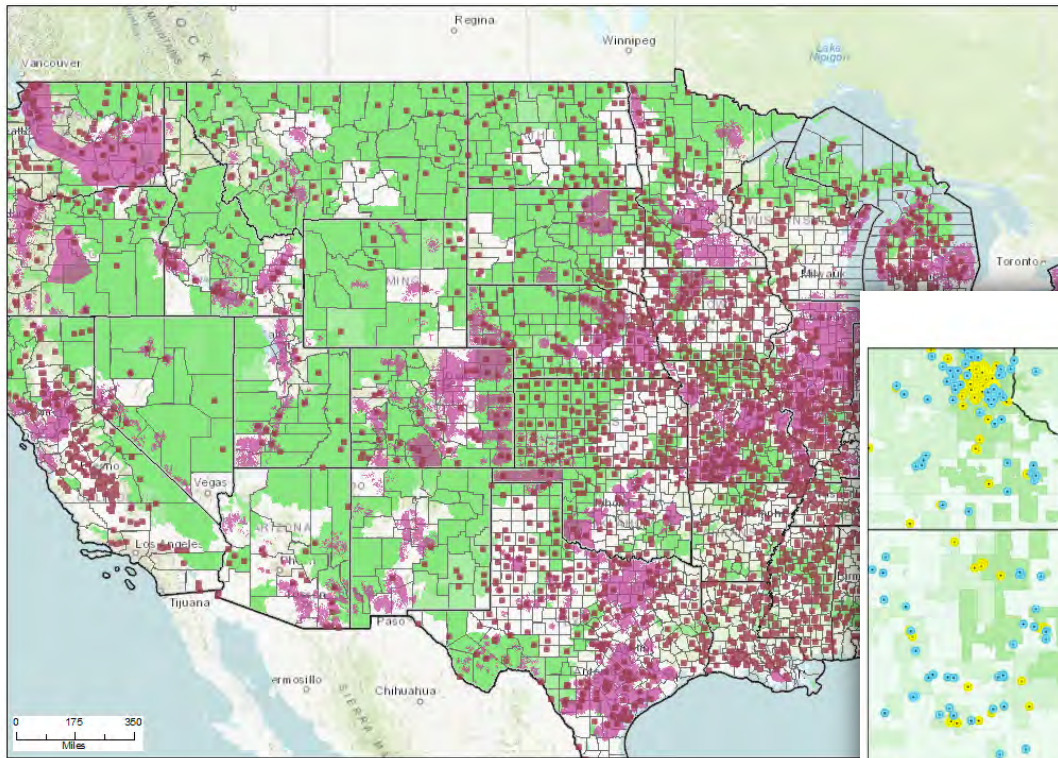
Community Commons, 9/29/2017

Maps are sharable,
exportable, and printable

DEMOCRATIZING THE USE OF GIS



High Speed Internet Access and Rural Health Clinics



Map Legend

■ Rural Health Clinics, POS Dec. 2016
■ High-Speed Internet (Wireless), 10MBPS, Service Area with Download Speeds of 10MBPS or More, Nat. Broadband Map 2014

Frontier and Remote (FAR) ZIP Code Areas, Level 4, Remote from urban areas of 2,500 or more people, ERS 2010

■ FAR
■ Not FAR

Frontier and Remote (FAR) ZIP Code Areas, Level 3, Remote from urban areas of 10,000 or more people by ZIP Code, ERS 2010

■ FAR
■ Not FAR

Frontier and Remote (FAR) ZIP Code Areas, Level 2, Remote from urban areas of 25,000 or more people by ZIP Code, ERS 2010

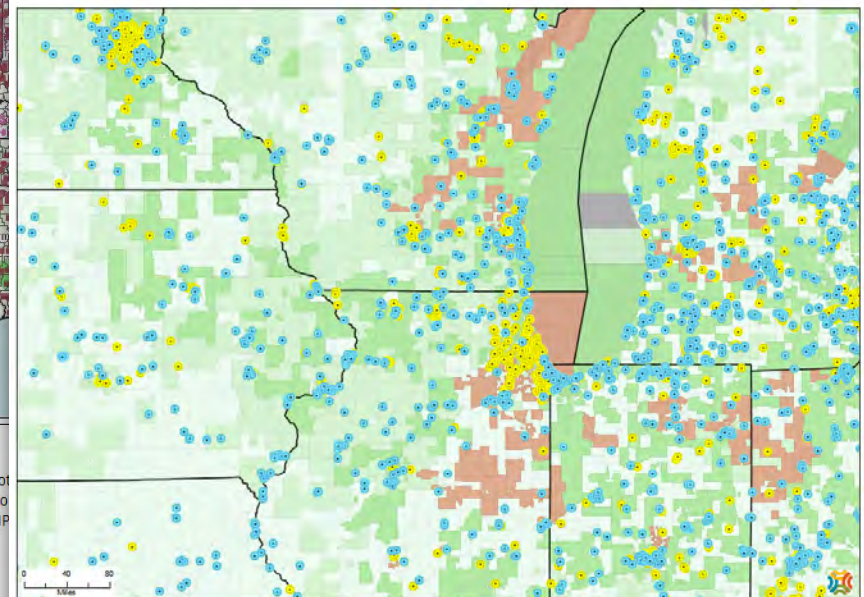
■ FAR
■ Not FAR

Frontier and Remote (FAR) ZIP Code Areas, Level 1, Remote from urban areas of 100,000 or more people by ZIP Code, ERS 2010

■ FAR
■ Not FAR

Visit the map gallery to see what others are working on or to get inspiration

Solar and Wind Power Sites



Map Legend

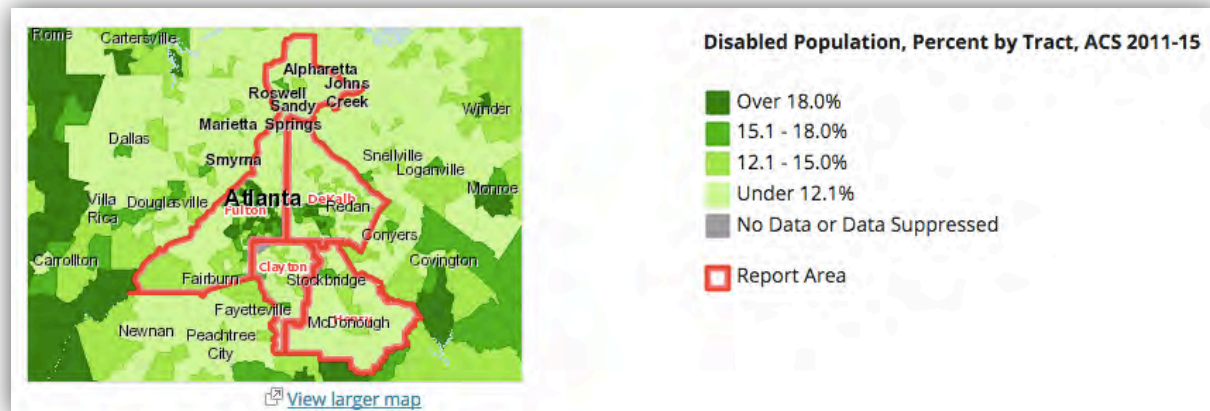
● RE-Power Sites, Wind Energy, EPA RE-Power 2013
● RE-Power Sites, Solar Power, EPA RE-Power 2013
● RE-Power Sites, All, EPA RE-Power 2013

Fine Particulate Matter Levels (PM 2.5), Percent Days Above NAAQ Standards by Tract, NEPHTN 2008

■ Over 6.0%
■ 1.1 - 6.0%
■ 0.51 - 1.0%
■ Under 0.51%
■ No Days Above NAAQS Standards
■ No Data or Data Suppressed

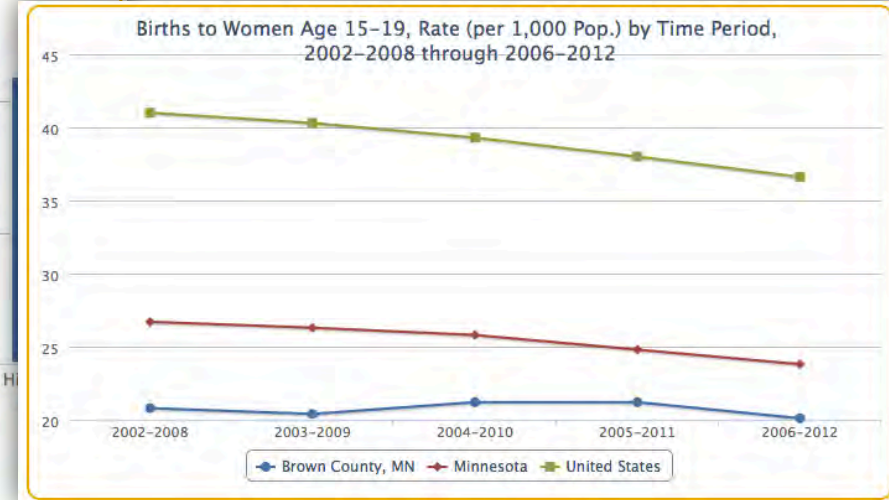
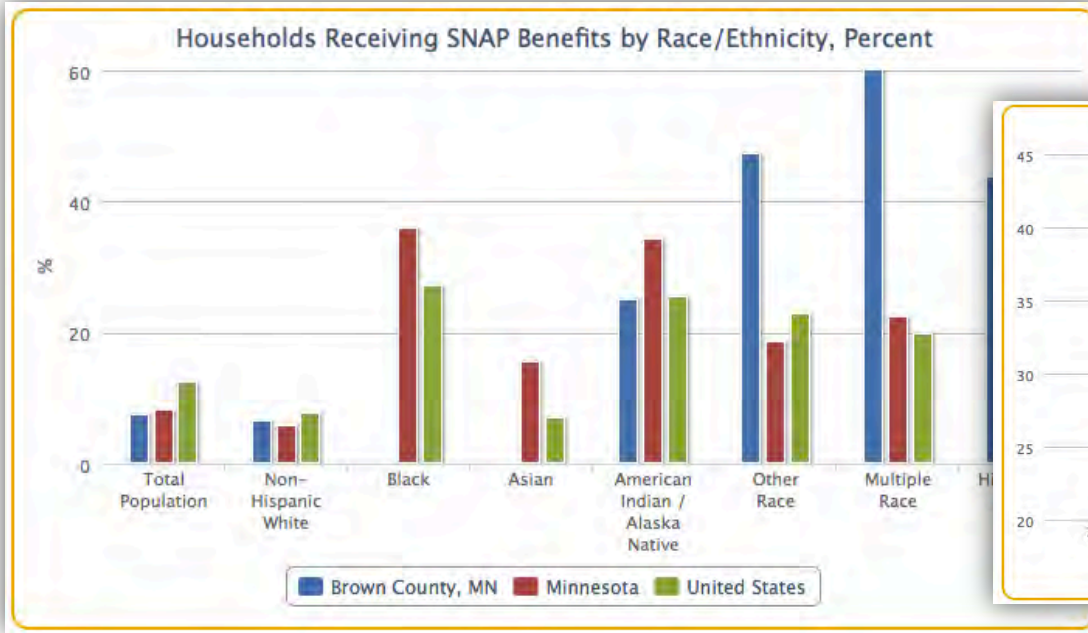
COMMUNITY HEALTH NEEDS ASSESSMENTS

Downloadable data tables and benchmarking dials



Expandable and editable companion maps

COMMUNITY HEALTH NEEDS ASSESSMENTS



Charts and graphs to visualize state and national comparisons and change over time

FOOTNOTES

Physical Inactivity

Data Background

The Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion monitors the health of the nation and produces publicly available data to promote general health. The division maintains the Diabetes Data and Trends data system, which includes the Diabetes Fact Sheet and the National Diabetes Surveillance System. These programs provide resources documenting the public health burden of diabetes and its complications in the United States. The surveillance system also includes county-level estimates of diagnosed diabetes and selected risk factors to help target and optimize the resources for diabetes control and prevention.

Citation: [Centers for Disease Control and Prevention, Diabetes Data & Trends: Frequently Asked Questions \(FAQ\). \(2012\).](#)

Methodology

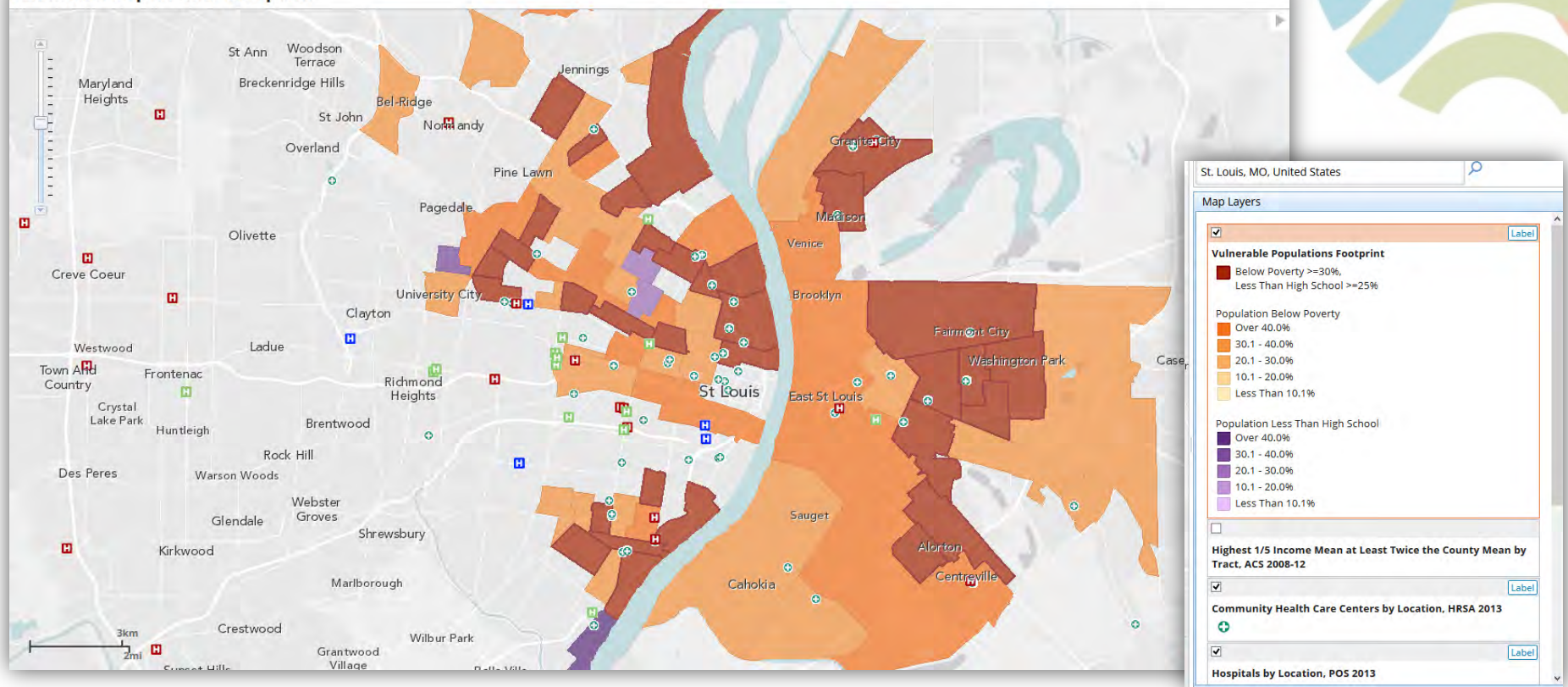
Data for total population and estimated obese population data are acquired from the County Level Estimates of Diagnosed Diabetes, a program of the Centers for Disease Control and Prevention's National Diabetes Surveillance Program. Diabetes and other risk factor prevalence is estimated using the following formula:

$$\text{Percent Prevalence} = [\text{Risk Factor Population}] / [\text{Total Population}] * 100.$$

Data source information and methodology

VULNERABLE POPULATIONS FOOTPRINT

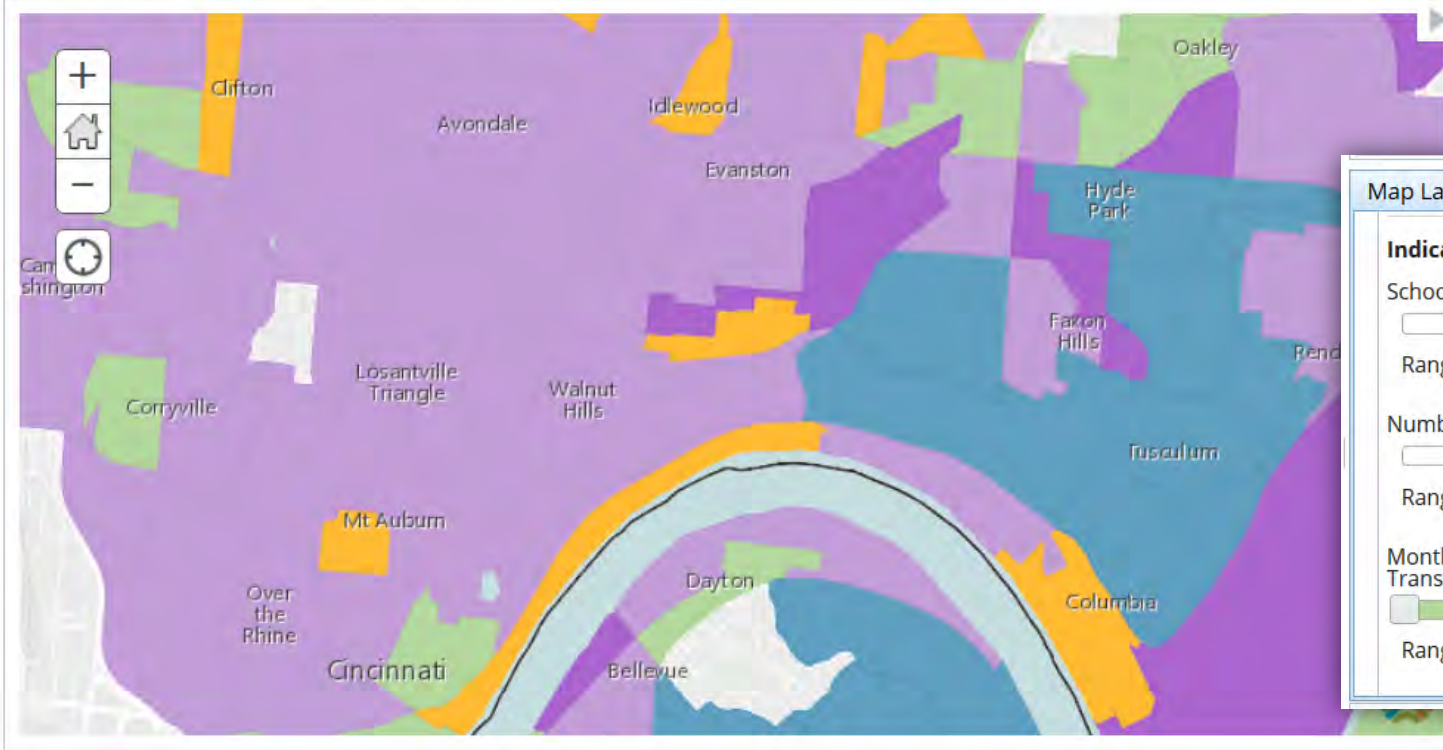
Vulnerable Populations Footprint



- Orange represents a scale displaying the percentage of population in poverty for a specific area.
- Purple represents a scale displaying the percentage of population with less than High School degree for a specific area.
- Brown/maroon represents those areas in which converge specific degree of poverty and educational attainment

LOCATION OPPORTUNITY FOOTPRINT

Location Opportunity Footprint



The Location Opportunity Footprint Tool (LOFT) combines location affordability, job availability, and school proficiency data from:

- The Housing and Urban Development (HUD) and Department of Transportation (DOT) Location Affordability Portal;
- The Environmental Protection Agency (EPA) Smart Location Database; and
- The HUD Open Data Program.

Aggregated at the block group level, LOFT creates “opportunity footprints,” or areas of indicator intersection, that can be used by neighborhoods, economic development groups, and advocates to prepare for community planning efforts and make the case to funders and policymakers.



Questions?

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communitycommons.org

MOVING FROM

DATA TO ACTION

TO CREATE POSITIVE CHANGE



Utilizing Maps and Data to Drive Community Change

Jamie Kleinsorge, MS, Project Director
Institute for People, Place, and Possibility (IP3)



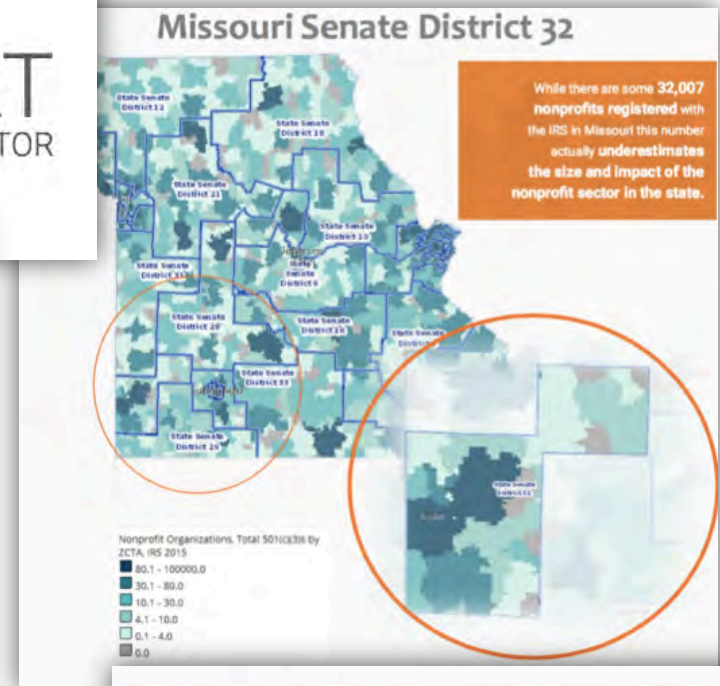
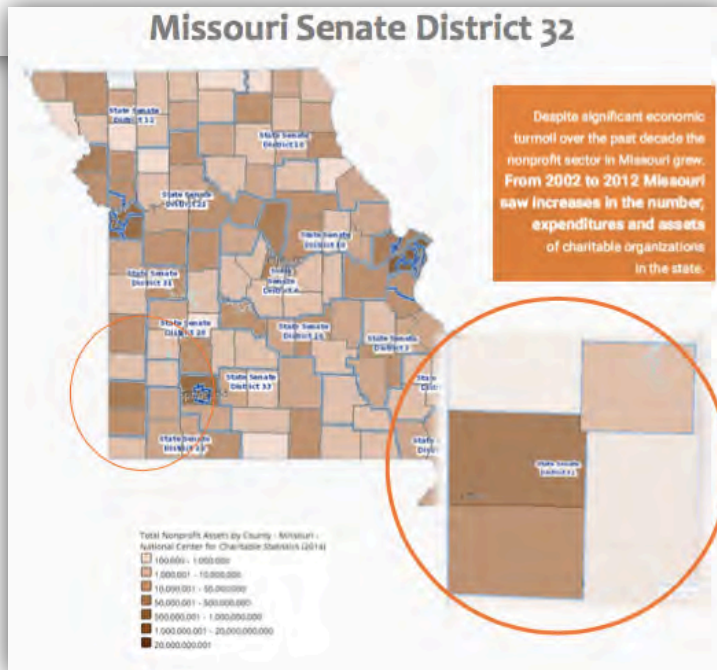
communitycommons.org

Advocacy

- Nonprofit Missouri Economic Landscape Report & Nonprofit Caucus Campaign

2015 LANDSCAPE REPORT

QUANTIFYING MISSOURI'S NONPROFIT SECTOR

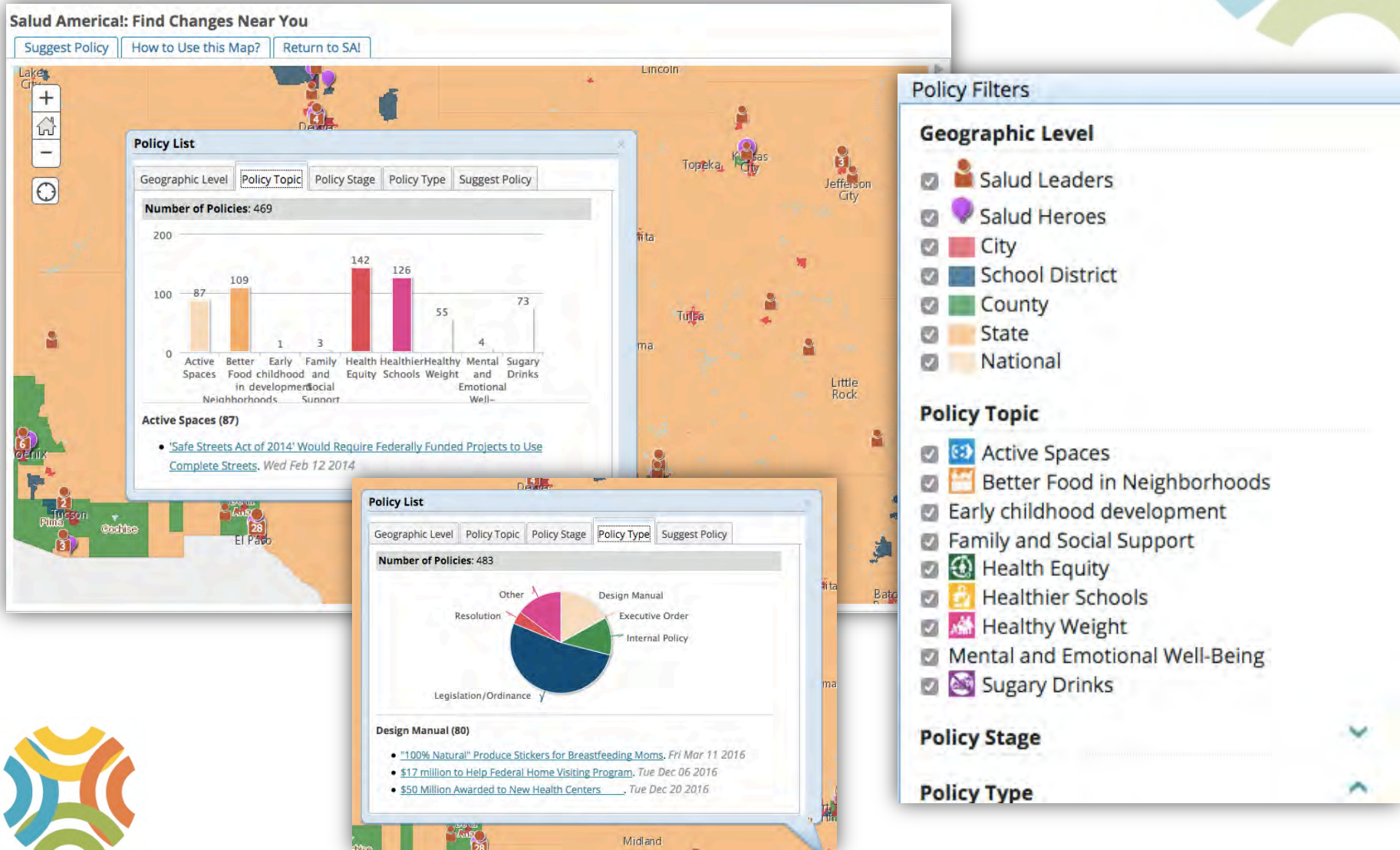


| County | # of Nonprofits | Expenditures | Assets |
|--------|-----------------|---------------|---------------|
| Dade | 2 | \$506, 205 | \$1,200,217 |
| Jasper | 155 | \$639,344,331 | \$635,176,479 |
| Newton | 28 | \$48,294,310 | \$55,416,350 |



Advocacy

- Salud America! Policy Change Map

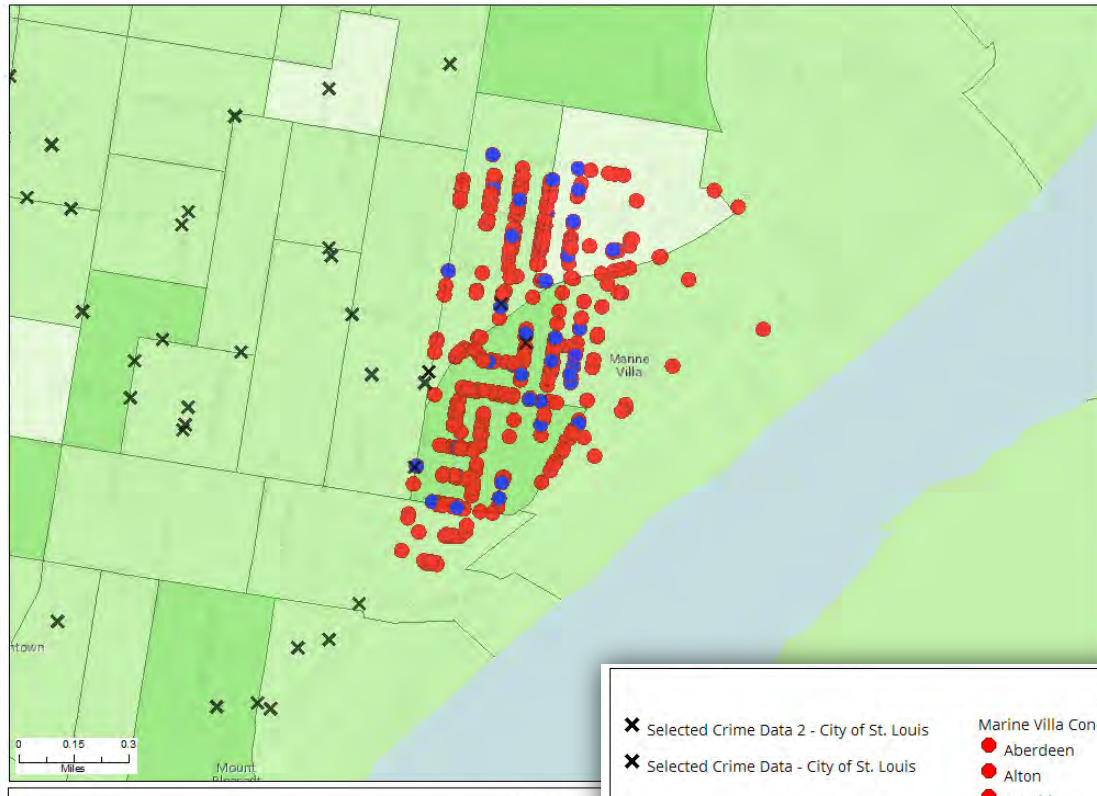


Advocacy

DeSalles Housing and Community Coalition in St. Louis



Crime and Condemned Properties in St. Louis, MO



Map Legend

- ✕ Selected Crime Data 2 - City of St. Louis
- ✕ Selected Crime Data - City of St. Louis

Marine Villa Condemnations

- Aberdeen
- Alton
- Arnold
- Ballwin
- Belleville
- Belvedere

Workers with Monthly Income Under \$1,251,
Total by Block Group, EPA SLD 2010

- Over 200
- 141 - 200
- 81 - 140
- Under 81

■ No Data or Data Suppressed

Outreach to property owners

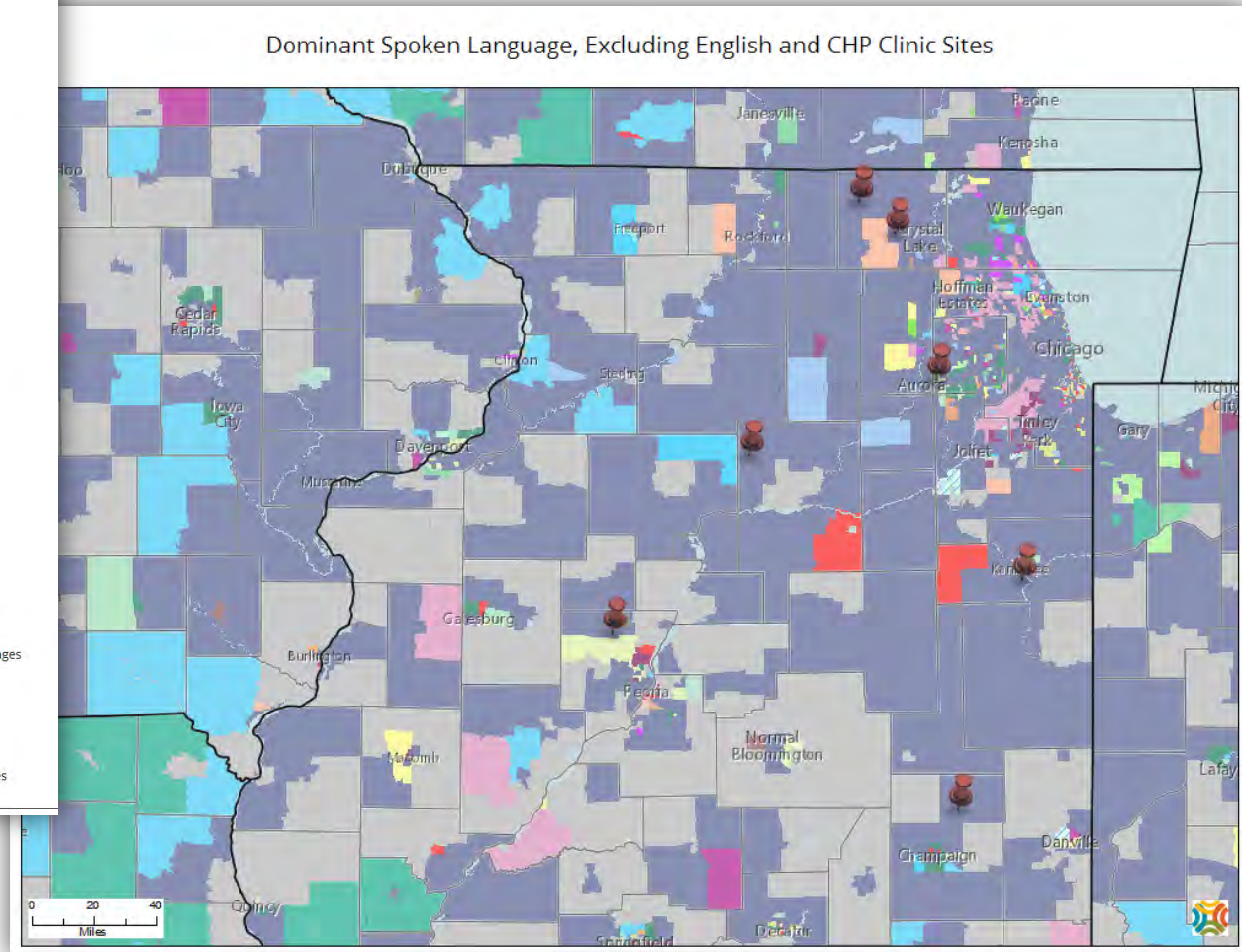
Motivate neighbors

Build relationships with local officials (alderman)



Program & Population Identification

Community Health Partnership Illinois

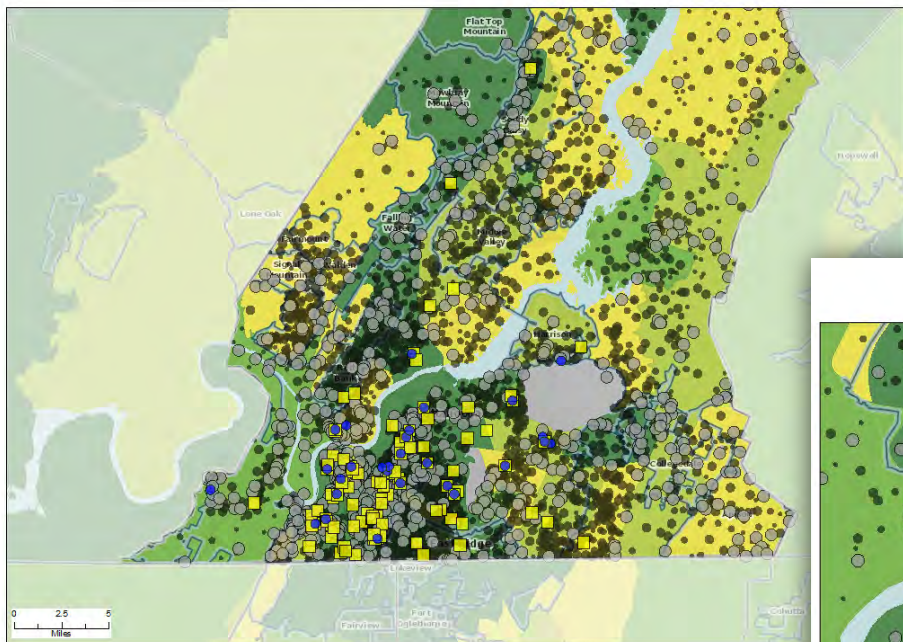


Program & Population Identification

Chattanooga



Households Receiving Income Assistance, Census Blocks with 0-17 Populations, Summer Food Service Sites



● HAMILTON COUNTY SUMMER FOOD SERVICE PROGRAM 2010 (ALL LOCATIONS)

■ HAMILTON COUNTY SUMMER FOOD SERVICE PROGRAM 2015 (ALL LOCATIONS)

0-17 POPULATION 2010 CENSUS BLOCKS

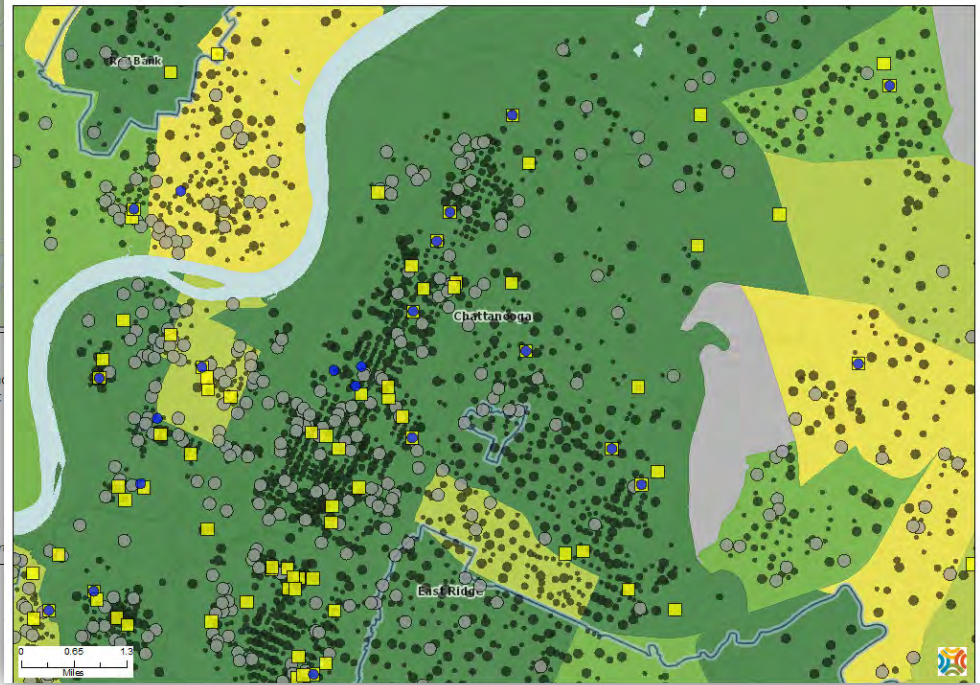
- 1 - 2 CHILDREN 0-17 YEARS
- 3 - 6 CHILDREN 0-17 YEARS
- 7 - 13 CHILDREN 0-17 YEARS
- 14 - 727 CHILDREN 0-17 YEARS

Households with Public Assistance Received SNAP Benefits, Percent 2010-14

- Over 16.0%
- 12.1 - 16.0%
- 8.1 - 12.0%
- Under 8.1%
- No Data or Data Suppressed

Community Com

Summer Food Site Placement - Zoomed In

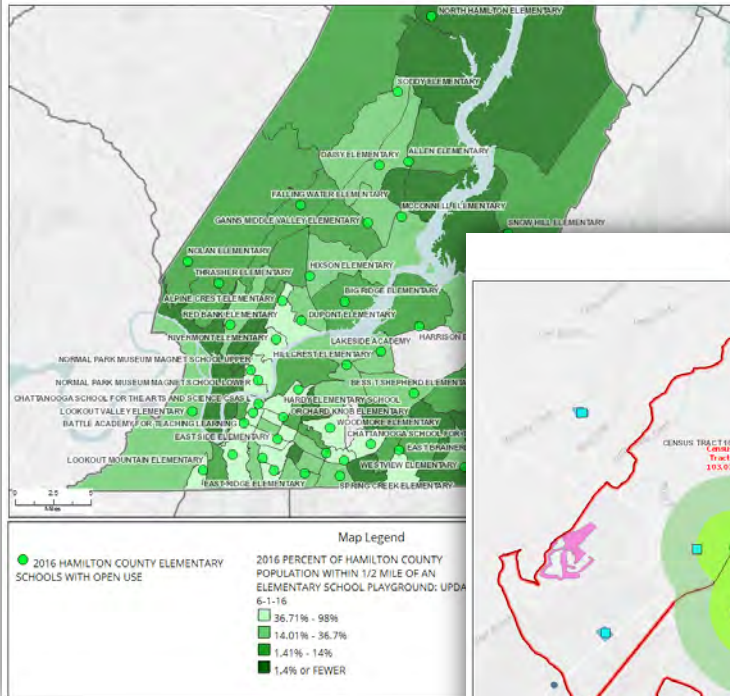


Program & Population Identification

Chattanooga



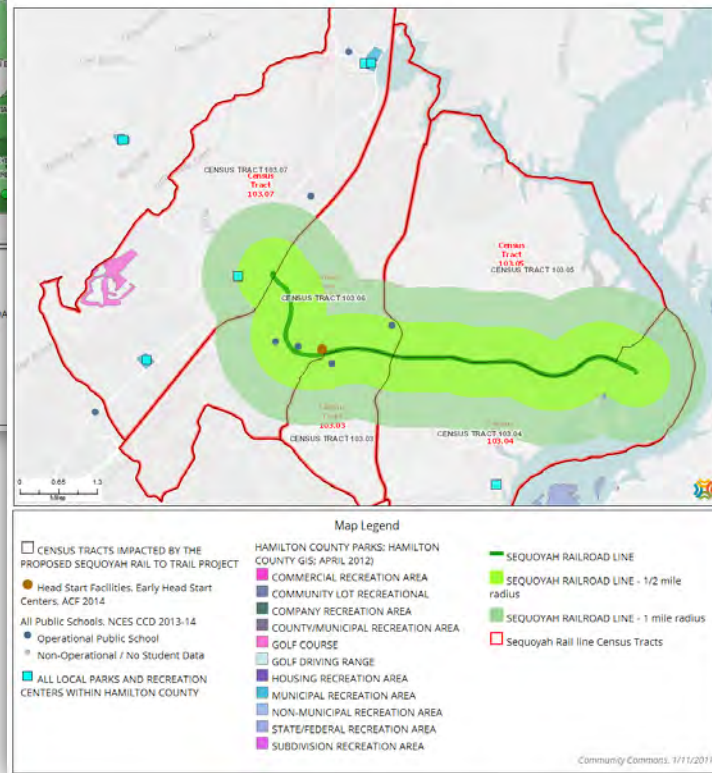
Open Use School Locations and Playground Access



Shared Use Agreements

Mobile Market Locations

Rail to Trail Potential Impacts



Childcare Deserts

Trail Projects



Take action to improve your community's health

Ready to take action, but not sure what to do next?

[GET HELP](#)

Action Steps

[Work Together](#)

[Assess Needs & Resources](#)

[Focus On What's Important](#)

[Choose Effective Policies & Programs](#)

[Act on What's Important](#)

[Evaluate Actions](#)

Action Center

Each step on the Action Cycle is a critical piece of making communities healthier. There is a guide for each step that describes key activities within each step and provides suggested tools, resources, and additional reading. You can start at Assess or enter the cycle at any step. Work Together and Communicate sit outside because they are needed throughout the Cycle. At the core of the Action Cycle are people from all walks of life because we know we can make our communities healthier if we all get involved.

Roadmaps to Health Coaching is available to provide local leaders with direct support in using Action Center tools and guidance to advance health.

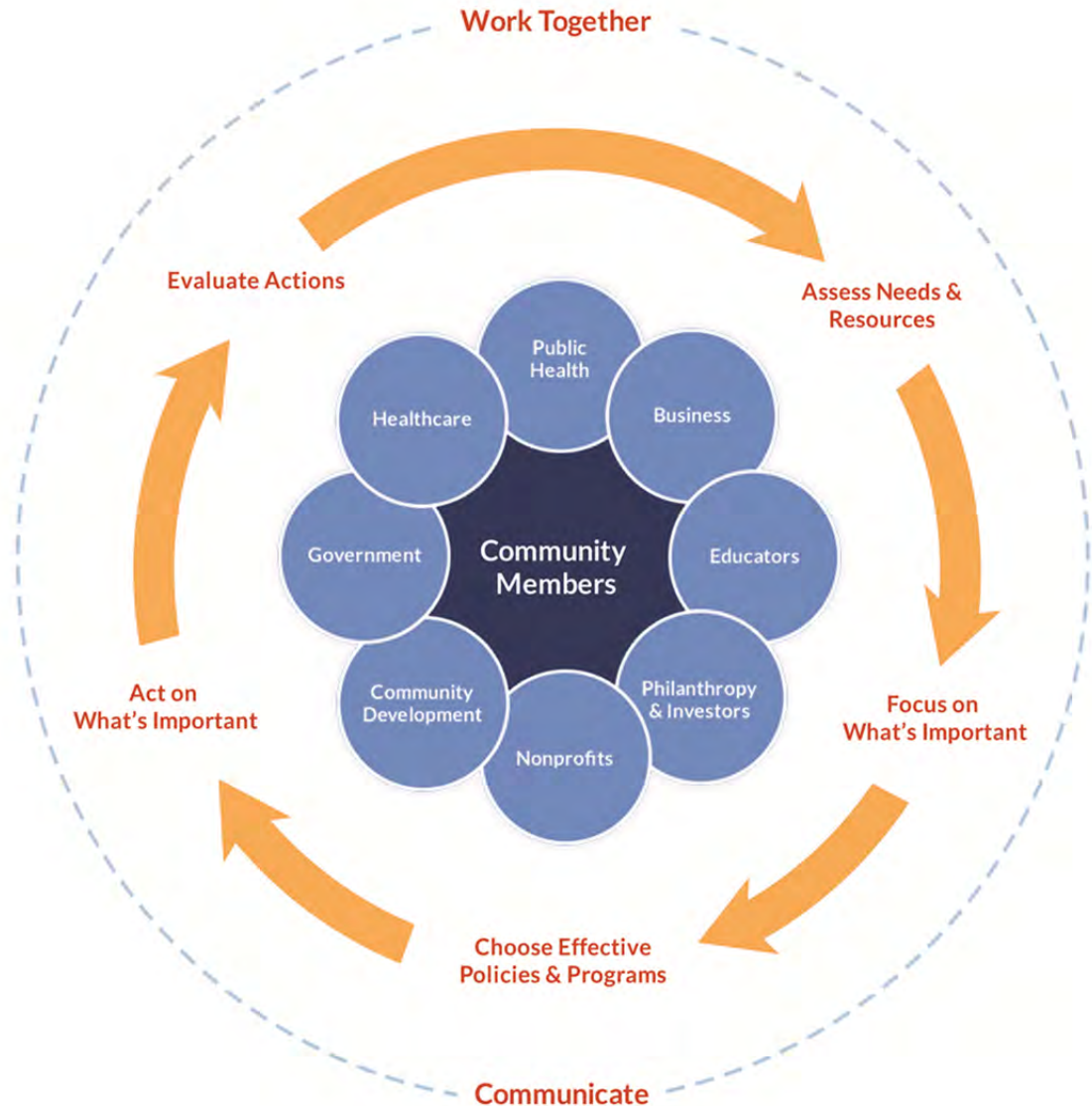
Select an Action Step or community member to learn more.

**Where to start?
Watch this video:**



Roadmaps to Health:

Harnessing the collective power of leaders, partners & community



County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

COMMUNITY COACHES

Ready to take action, but not sure
what to do next?

GET HELP



*SUPPORTING YOUR COMMUNITY'S
JOURNEY TOWARD HEALTH*

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

WHAT WORKS FOR HEALTH

Find effective programs and policies at
www.countyhealthrankings.org/what-works-for-health

Evidence Rating



Scientifically Supported



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 UWPHI

A MENU OF IDEAS – EVIDENCE MATTERS

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



County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

Home » What Works for Health » Policies



Keyword Search

Policies & Programs

All Policies & Programs

New or Updated Policies & Programs

Health Factors

Health Behaviors

Diet and Exercise (66)

Tobacco Use (1)

Clinical Care

Access to Care (3)

Quality of Care (1)

Social and Economic Factors

Community Safety (1)

Education (4)

Family and Social Support (2)

Income (1)

Physical Environment

Policies & Programs found matching "Obesity"

Policies and programs that can improve health

79 results

Multi-component school-based obesity prevention interventions

Scientifically Supported

Deliver educational, behavioral, environmental, and other obesity prevention efforts (e.g., education classes, enhanced physical education, healthy food promotion, family outreach, etc.) in schools

Diet and Exercise

Child-focused advertising restrictions for unhealthy foods & beverages

Some Evidence

Restrict child-focused advertising for unhealthy foods and beverages via bans on unhealthy food and drink ads during children's TV programs, product placement in children's movies, etc.

Diet and Exercise

Places for physical activity

Scientifically Supported

Modify local environments to support physical activity, increase access to new or existing facilities for physical activity, or build new facilities

Diet and Exercise

Worksite obesity prevention interventions

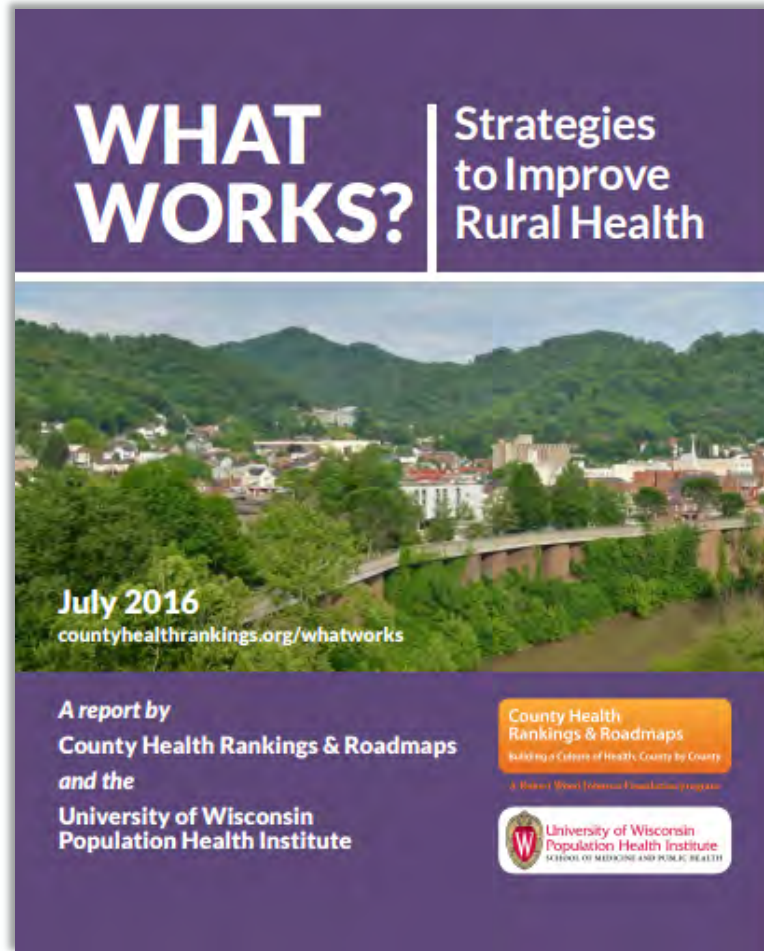
Scientifically Supported

Use educational, environmental, and behavioral strategies to improve food choices and physical activity opportunities in worksite settings

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

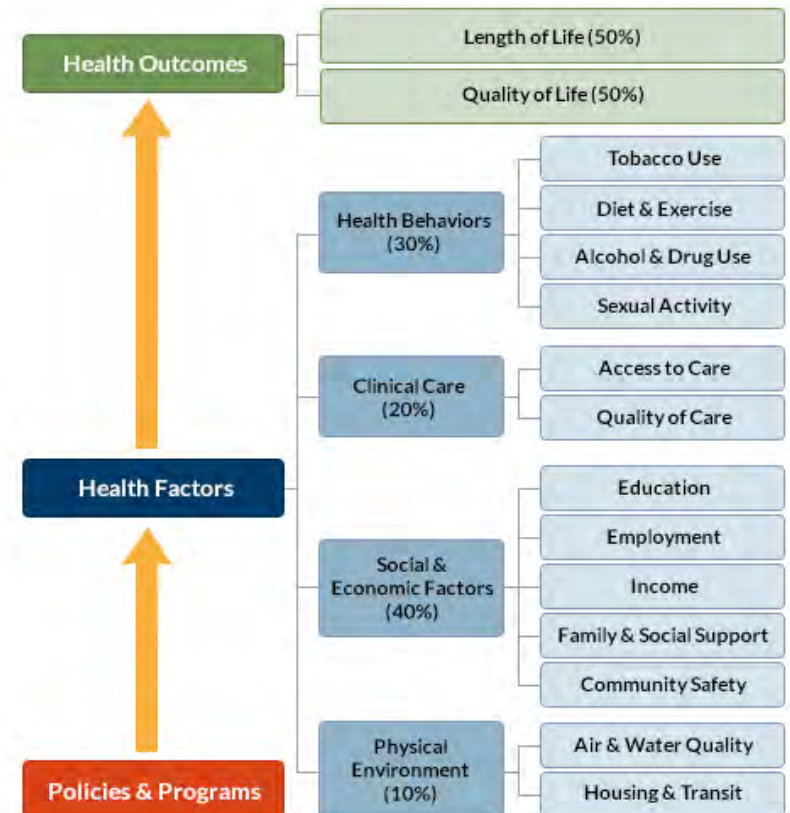
A Robert Wood Johnson Foundation program



www.countyhealthrankings.org/rural

FOUNDATION OF ROADMAPS

- ▶ It takes everyone
- ▶ Move from data to evidence-informed action
- ▶ Focus across the health factors—including social and economic factors
- ▶ Policy, systems, and environmental change



STAYING CONNECTED

- ▶ Follow @CHRankings
- ▶ Like Facebook.com/CountyHealthRankings
- ▶ e-Newsletter, email chr@match.wisc.edu to subscribe
- ▶ Visit - www.countyhealthrankings.org



follow us on
twitter



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QUESTIONS