

Briefing Summary
2013 County Health Rankings & Roadmaps:
What are the Implications for Women's Health?
June 4, 2013

On June 4, Women's Policy, Inc. (WPI) sponsored a briefing in cooperation with Reps. Jaime Herrera Beutler (R-WA) and Donna F. Edwards (D-MD), Co-Chairs of the Congressional Caucus for Women's Issues (the Women's Caucus), and Reps. Kristi Noem (R-SD) and Doris O. Matsui (D-CA), Vice-Chairs of the Women's Caucus. The second in a women's health series supported by the Robert Wood Johnson Foundation (RWJF), this briefing focused on the implications of the *2013 County Health Rankings & Roadmaps* for women's health (a project supported by RWJF).

The purpose of the briefing was to provide an overview of how the *2013 Health Rankings and Roadmaps* can be utilized by community leaders, policymakers, and advocates to assess and improve the health of women. Approximately 115 guests attended the briefing, including Members of Congress, senior congressional staff, public health leaders, academics and representatives of federal agencies, health and women's advocacy organizations, and the media.

Cindy Hall, president of WPI, thanked the Women's Caucus and RWJF for supporting the briefing. She introduced the moderator, Abbey Cofsky, MPH, Senior Program Officer, RWJF, and the speakers: Bridget Catlin, PhD, MHSA, Senior Scientist and MATCH Program Director, University of Wisconsin Population Health Institute, and Director, *County Health Rankings & Roadmaps*; Claude-Alix Jacob, MPH, Chief Public Health Officer, City of Cambridge, Massachusetts; and Sue Grinnell, MPH, Office Director, Office of Healthy Communities, Prevention & Community Health Division, Washington State Department of Health.

Members of the Women's Caucus

Congresswoman Jaime Herrera Beutler (R-WA), Co-Chair of the Women's Caucus, said that she relies on the *County Health Rankings & Roadmaps* to identify the health status of residents in her district. She noted that our health is often determined more by what happens in neighborhoods, schools, and workplaces than by what happens in the doctor's office. Rep. Herrera Beutler emphasized the importance of taking a comprehensive look at the factors influencing health and well-being, including high school graduation and smoking rates, as well as access to healthy foods and levels of physical activity. She also stressed that the *County Health Rankings* provide an excellent roadmap for targeting improvements in a community's health.

Congresswoman Lois Capps (D-CA) stopped by before the briefing to extend her best wishes for the event.

Abbey Cofsky, MPH

Ms. Cofsky explained that RWJF has been working to improve the health of all Americans for more than 40 years. In recent years, the foundation has recognized that the conversation had started to shift from a focus on the treatment of disease to a focus on the prevention of disease and the factors in our neighborhoods, schools, and workplaces that can encourage a culture of good health. The *County Health Rankings & Roadmaps* program was launched by RWJF to provide the data and resources needed to improve the health of communities. This program is a partnership between RWJF and the University of Wisconsin Population Health Institute.

Ms. Cofsky noted that, starting with the release of the first county rankings four years ago, communities have used this important resource as a call to action. The rankings have sparked conversations across the country about the factors driving the health of our communities. Local public health officials have joined with leaders from the business, education, nonprofit, and philanthropic sectors to develop comprehensive health systems approaches to the pressing health needs in their communities.

Bridget Catlin, PhD, MHSA

Dr. Catlin, Director of the *County Health Rankings & Roadmaps* team at the University of Wisconsin Population Health Institute, began by encouraging attendees to review the rankings and roadmaps for their community at the program's website, www.countyhealthrankings.org. She noted that the release of the first county rankings four years ago brought county-level health data to many communities across the country for the first time. By simplifying complex data into a user-friendly format, the rankings have garnered significant media attention and served as a powerful call to action for communities.

Dr. Catlin described the model for the community health rankings. At the top of the model are the two health outcomes: mortality (length of life) and morbidity (quality of life). These outcomes measure the health of a community today. The model also includes a number of health factors, which are indicators of the future health of a community:

- Health behaviors: tobacco use, diet and exercise, alcohol use, sexual activity;
- Clinical care: access to care, quality of care;
- Social and economic factors: education, employment, income, family and social support, community safety; and
- Physical environment: environmental quality, built environment.

Weights are applied to each set of health factors (e.g., health behaviors), which capture the importance of that set of factors for the health of a community. The mostly heavily weighted of the four categories are the social and economic factors (40 percent). Dr. Catlin shared several maps depicting considerable variation in health outcomes within states. These maps provide county snapshots that allow leaders and officials to examine the data, compare their county to others within the state and across the nation, and identify programs and policies to achieve health improvements.

Dr. Catlin concluded by emphasizing that the website provides several tools to help leaders identify and implement policies and programs to improve the health of their communities. She encouraged communities to bring together individuals from different sectors – public

health, business, education, philanthropy, government, and health care – in order to take action. Dr. Catlin pointed to two sections of the website – the *Roadmaps to Health Action Center* and *What Works for Health* – that contain tools designed to help communities select and implement evidence-informed policies and programs.

Claude-Alix Jacob, MPH

Claude-Alix Jacob opened by noting that Cambridge was one of six communities receiving the inaugural RWJF *Roadmaps to Health Prize* in February 2012. This prize showcases communities around the country that are implementing innovative approaches to improving health. Mr. Jacob said that Cambridge is a densely populated and fairly diverse city of more than 100,000 residents. Although Cambridge is home to Harvard and MIT, more than half of the children in the public school system grow up in subsidized housing.

A video was shown highlighting the collaborative approach undertaken by the city of Cambridge to improve health outcomes. The city engages the not-for-profit sector, the business sector, and the governmental sector to work towards the vision of eliminating health disparities in Cambridge. The video captures several innovative programs implemented in the city, including the adoption of healthy menus by school cafeterias, along with a program that measures children's Body Mass Index (BMI) and educates families to make healthy choices for their children. Also highlighted in the video is the city's *Let's Talk Campaign*, which sends literacy ambassadors into homes to help families improve their literacy.

Mr. Jacobs presented data on the health status of women and girls in Cambridge, some of which was collected in collaboration with the *Cambridge Commission on the Status of Women*:

- More than a third of single mothers live in poverty;
- Almost nine in ten (87 percent) eligible women aged 18 and over have had a Pap smear within the last three years, and 86 percent of women aged 40 and over have had mammograms within the last two years;
- Girls report rates of verbal or emotional abuse that are three times higher than that of boys, and girls report that they are five times more likely to experience sexual harassment at school;
- Girls report that they are twice as likely to be depressed, and three times as likely to hurt themselves as boys are; and
- Girls report slightly higher rates of smoking and binge drinking than boys, although boys report higher rates of marijuana use.

Mr. Jacob concluded by describing *Baby University*, a free 16-week program (modeled on the Harlem Children's Zone in New York City), which targets parents with children from birth to age three. The program aims to increase parents' knowledge about child-rearing topics, strengthen parent-child relationships, and connect parents to community resources. *Baby University* offers 10 weeks of parenting workshops followed by five weeks of play groups and graduation. Attendees receive free childcare and transportation to and from Saturday meetings, home visits by professional staff, and opportunities to win developmentally appropriate toys for their children and gift cards to local supermarkets. Now in its fifth cycle,

Baby University has over 140 graduates and the number of fathers participating in the program has grown to 15 percent.

Sue Grinnell, MPH

Sue Grinnell brought a state-based perspective to her presentation. She began by providing a snapshot of the state of Washington, which has almost 7 million people, 39 counties, and 29 tribes. The state is 82 percent white with a median income of \$58,890 and 12.5 percent of its residents living below poverty. Ms. Grinnell noted that the health of women is an indicator of the health of the state and the country. Women are far more likely to live in poverty when compared with men, which has a negative impact on their health outcomes. Seventeen percent of women aged 15 to 44 in Washington report household incomes below the federal poverty level. The fact that women juggle work and childcare, often on their own, means that their own health frequently suffers. Sixteen percent of women aged 15 to 44 in Washington report that their mental health was not good for two or more weeks during the previous month.

Ms. Grinnell described *Healthy Counties Washington*, a state-wide initiative that uses a systems and life course approach to develop, promote, and implement policy change focused on improving the health of state residents. This initiative strategically deploys methods and resources to affect the health of babies and children in order to decrease the incidence of chronic disease later on. Ms. Grinnell said that the state is currently making strategic environmental, program, and systems changes where people live, learn, work, and play in four key areas: active living, healthy eating, preventive healthcare services, and tobacco-free living.

Ms. Grinnell highlighted several health projects currently underway in the state of Washington. One is a campaign called *Healthy Babies are Worth the Wait*, which has successfully decreased the rate of C-sections in the state. Another is an initiative focused on educating employers about the importance of making workplaces friendly to breastfeeding women. The state also supports several health hotlines, one of which is focused on smoking cessation. Through its smoke-free housing initiative, the state is working to educate housing authorities about secondhand smoke issues. A snapshot of Clark County showed that since January 1, 2013, an estimated 630 additional people now live in smoke-free, multifamily housing.

Ms. Grinnell explained that promotion of exercise and healthy eating are priorities for the state. Through a partnership with the Education and Transportation Agencies, 177 schools have adopted *Safe Routes to Schools*, and as a result, many more children are walking to school. The state is working with public schools to increase breakfast participation by 50 percent while also working to increase access to quality, affordable food in low-income communities. In Clark County, eight healthy neighborhood stores have provided about 9,000 people with access to healthy food within a half mile of their homes since the beginning of the year. Ms. Grinnell concluded by noting that Washington takes a holistic approach by blanketing communities with a number of health initiatives, such as smoke-free housing and parks; farmers markets where low-income families can access healthy food; and safe routes for children to walk to school.

Discussion

Abbey Cofsky summarized several of the themes from the presentations, including the importance of county-level data, innovation at the community level, and leadership that crosses boundaries. She then invited guests to participate in the discussion. Questions were raised about including data on women's risk factors and health outcomes across different racial and ethnic groups; measuring health outcomes over time; engaging communities of color in health campaigns; and implementing strategies to expand the reach of health initiatives.

Cindy Hall concluded the briefing by thanking the moderator and panelists for their excellent presentations. She encouraged attendees to use the tools available on the rankings website, such as the [*Town Hall in a Box*](#), to facilitate conversations with constituents about efforts to improve the health of their communities.

The webcast of the briefing can be viewed by clicking this [link](#).