KANSAS HEALTH INSTITUTE

Informing Policy. Improving Health.

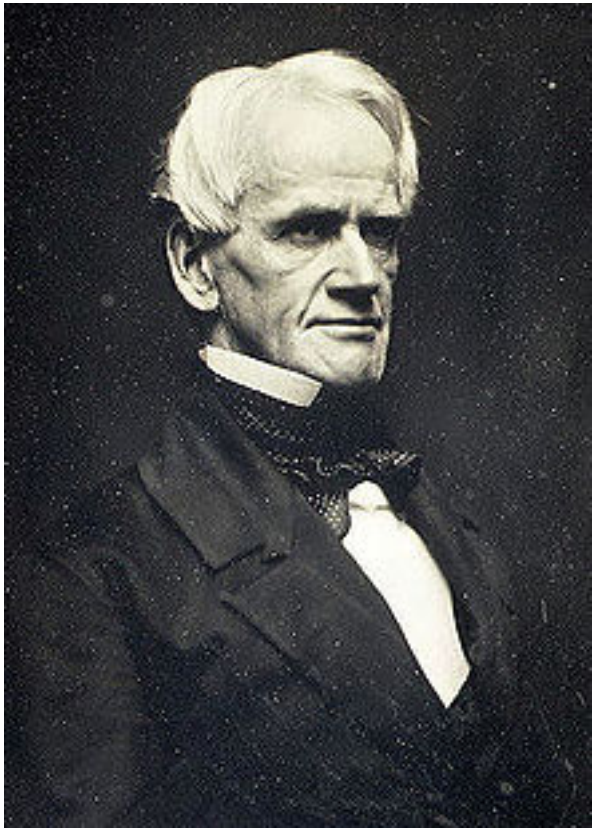
2020 COUNTY HEALTH RANKINGS:

What's new?

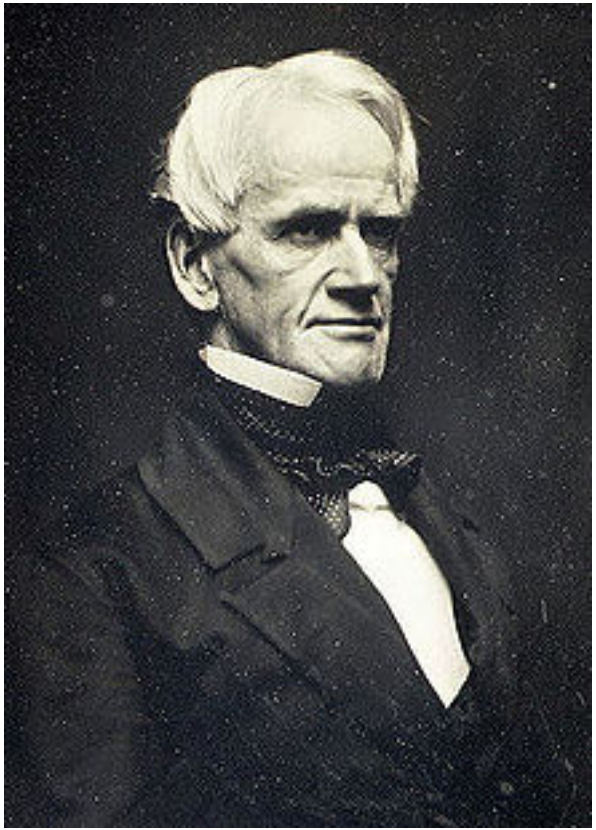
September 22, 2020

D. Charles Hunt, M.P.H.

GUESS WHO?



HORACE MANN (*1796 – 1859*)



When will society, like a mother, take care of all her children?

-H. Mann, Journal (1837)

SIX EDUCATION PRINCIPLES OF HORACE MANN

1. Citizens cannot maintain both ignorance and freedom;
2. This education should be paid for, controlled and maintained by the public;
3. This education should be provided in schools that embrace children from varying backgrounds;
4. This education must be nonsectarian;
5. This education must be taught using tenets of a free society; and
6. This education must be provided by well-trained, professional teachers.

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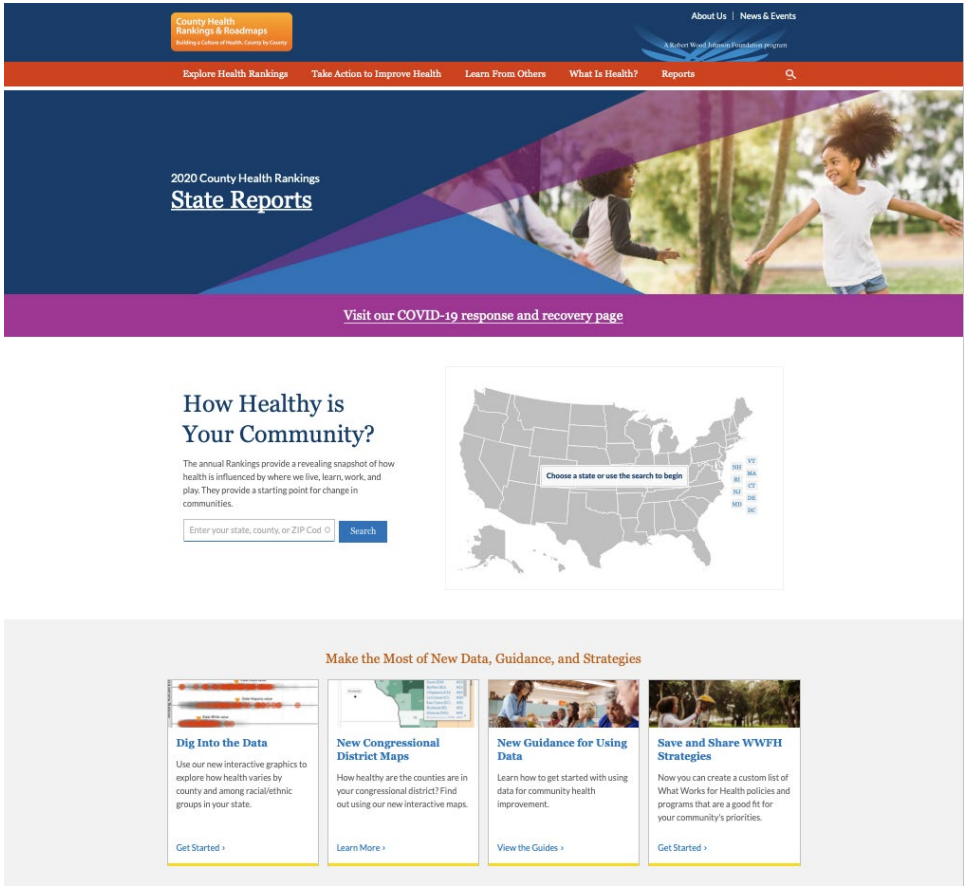
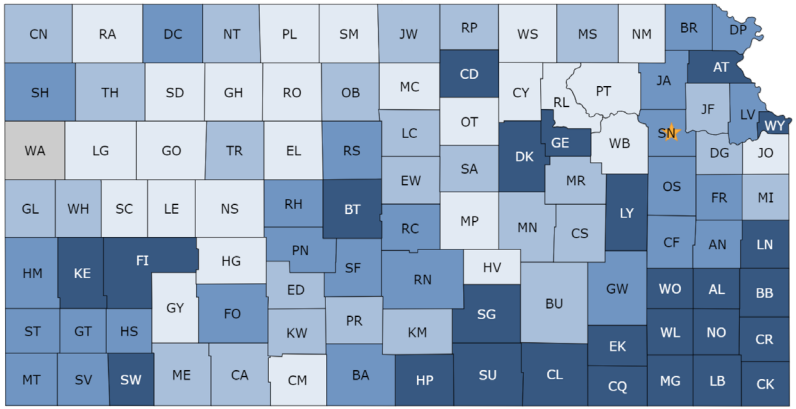


POLL

- How would you describe your level of experience with the County Health Rankings?
  - I’m an old pro! I’ve used the data and resources a lot.
  - I am familiar with the Rankings but would like to learn more.
  - This is fairly new to me!

2020 Health Factors - Kansas



Health Factor Ranks 1 to 26 27 to 52 53 to 78 79 to 104 Not Ranked

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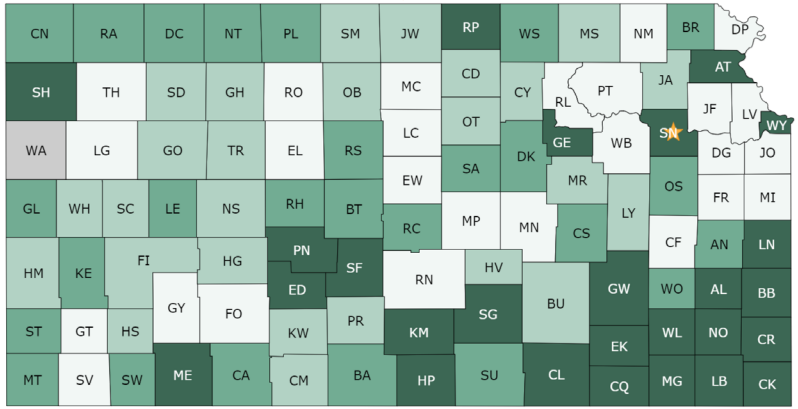
2020 Health Outcomes - Kansas



Health Outcome Ranks 1 to 26 27 to 52 53 to 78 79 to 104 Not Ranked

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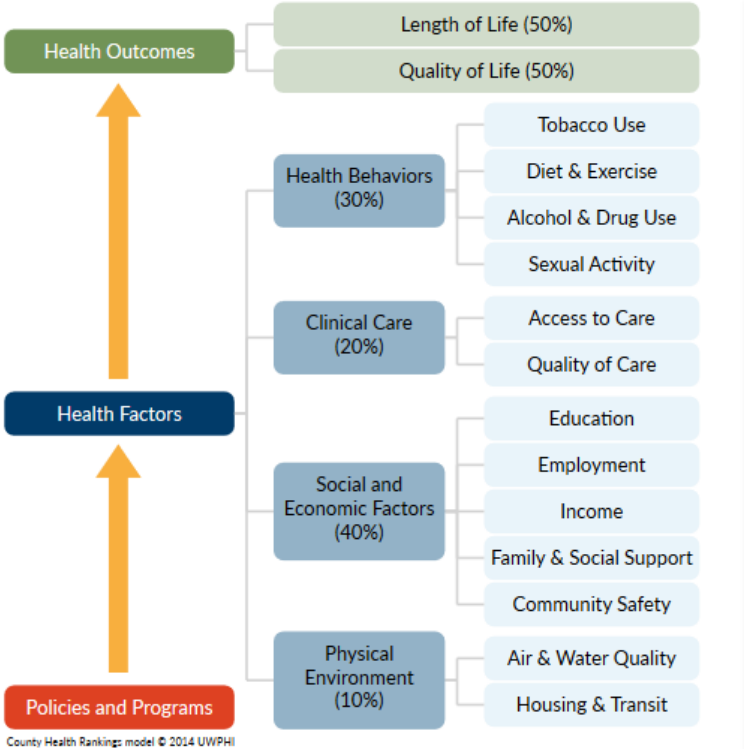
CHR MODEL

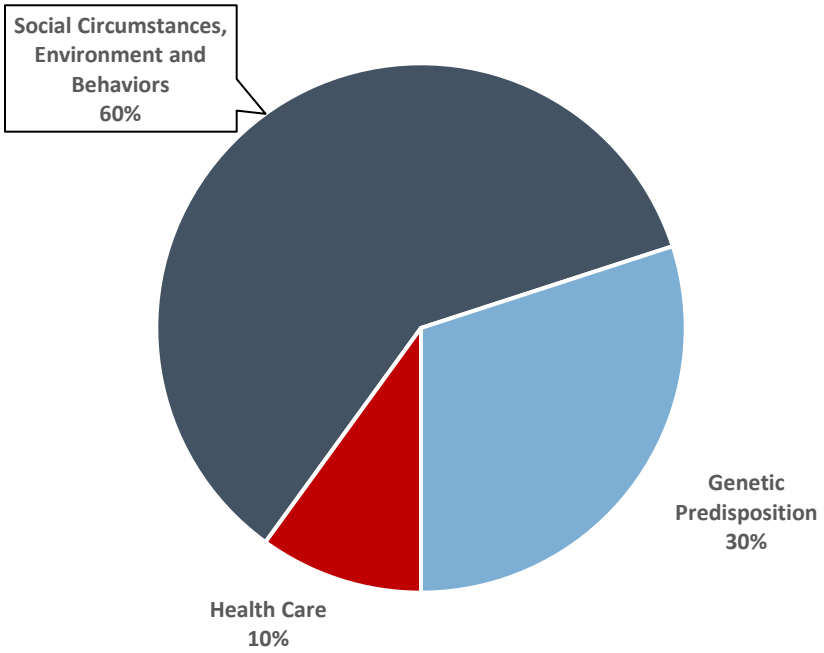
Source: County Health Rankings and Roadmaps, 2020

COUNTY HEALTH RANKINGS MODEL



Source: County Health Rankings and Roadmaps, 2020

DETERMINANTS OF HEALTH AND THEIR CONTRIBUTION TO PREMATURE DEATH



Source: Schroeder, S. A. (2007). We can do better—Improving the health of the American people. New England Journal of Medicine, 357, 1221-1228.

https://www.khi.org/policy/article/2020-chr

2020

Douglas County

Pop. 121,436

32 Health Factors Rank

15 Health Outcomes Rank

Empty cells: Shaded = Item was not used to calculate rankings that year; White = Data unavailable. NR: Health outcomes (e.g., length of life)

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	2016	2017	2018	2019	2020	Kansas 2020
Number of Counties Ranked	101	102	103	102	104	104
Health Outcomes- Rank	**8**	**7**	**23**	**17**	**15**	**n/a**
Length of life- Rank	**5**	**3**	**6**	**3**	**4**	**n/a**
Premature death (years of potential life lost, per 100,000)	4872	5134	5354	5420	5371	7024
Quality of life- Rank	**38**	**28**	**68**	**74**	**62**	**n/a**
% Reporting poor or fair health, adults	12	12	13	13	15	16
Avg # poor physical health days, adults	3	3	3.4	3.4	3.4	3.6
Avg # poor mental health days, adults	3.1	3.2	3.6	3.6	3.9	3.7
% Low birthweight, <2,500 grams	6.3	6.5	6.5	6.8	7.2	7.1
Health Factors- Rank	**11**	**17**	**22**	**19**	**32**	**n/a**
Health Behaviors- Rank	**9**	**9**	**12**	**21**	**60**	**n/a**
% Adult smokers	17	15	15	15	17	17
% Obese adults age 20 and older	23	24	26	28	28	33
Food environment index, 0 (worst) to 10 (best)	6.9	7	7.3	7.3	7.3	6.8
% Physically inactive adults age 20 and older	19	18	18	17	17	25

2020

Douglas County

32 Health Factors Rank | **15** Health Outcomes Rank

The annual *County Health Rankings* provide a snapshot of the health of Kansas counties. The *Rankings* are made up of two summary scores: **Health Factors** (which measure issues that can shape the health outcomes) and **Health Outcomes** (which measure length and quality of life). The following tables illustrate the "**drivers**," or measures with the greatest impact on ranking position, for this county.

What do these drivers mean? The drivers indicate the five measures that, when combined with the weighting, have the greatest impact on the ranking positions for health factors and health outcomes. Drivers labeled with a green plus sign are the weighted measures that influenced higher, or better, rankings. Drivers labeled with a red minus sign indicate priority areas which, if improved, could have the greatest impact on improving the rankings of the county.

Health Factors: Drivers with greatest impact on ranking, Douglas County, KS — 2020

	Measure	Description	Factor Category	County Value	State Value	Impact on Ranking
1	Excessive drinking	% of adults reporting binge or heavy drinking	Health Behaviors	24%	19%	−
2	Some college	% of adults age 25-44 with some post-secondary education	Social and Economic Environment	84%	70%	+
3	Children in poverty	% of children under age 18 in poverty	Social and Economic Environment	12%	15%	+
4	Adult obesity	% of adults age 20 and older that report a BMI ≥ 30	Health Behaviors	28%	33%	+
5	Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	Health Behaviors	725	465	−

Health Outcomes: Drivers with greatest impact on ranking, Douglas County, KS — 2020

	Measure	Description	Outcome Category	County Value	State Value	Impact on Ranking
1	Premature death	Years of potential life lost before age 75 per 100,000 population	Length of Life	5371	7024	+
2	Poor mental health days	Average # of mentally unhealthy days reported in past 30 days for adults	Quality of Life	3.9	3.7	−
3	Low birthweight	% of live births with low birthweight (< 2,500 grams)	Quality of Life	7.2%	7.1%	−

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Home » COVID 19: Response and Recovery Work

COVID-19: Response and Recovery Work

The coronavirus epidemic has widened existing social, geographic, and economic inequities in communities across the country.

While the County Health Rankings do not measure coronavirus cases nor rank risk of the virus spreading in communities, Rankings data are helpful in providing local context on factors that impact health.

Gaps in health persist by place and race. These gaps are due to a long legacy of American policies, practices, systems, and budgets that advantage some people and disadvantage others. Rankings factors such as housing, access to medical care, and unemployment provide a better understanding of community context and the places and people that could be most affected by the coronavirus epidemic.

The Rankings are a call to action about what can be done to improve community conditions so that an inclusive and equitable recovery for all is possible.

Find out more information below on the Rankings' work related to response and recovery from the COVID-19 pandemic, including a county-level data mapping project in collaboration with the University of Chicago, a special webinar series, featured COVID-19-curated What Works for Health strategies, and community stories.

US COVID Atlas: Partnership with the University of Chicago Center for Spatial Data Science

The University of Chicago Center for Spatial Data Science's US COVID Atlas tracks near real-time coronavirus data to provide a unique county-level look at how

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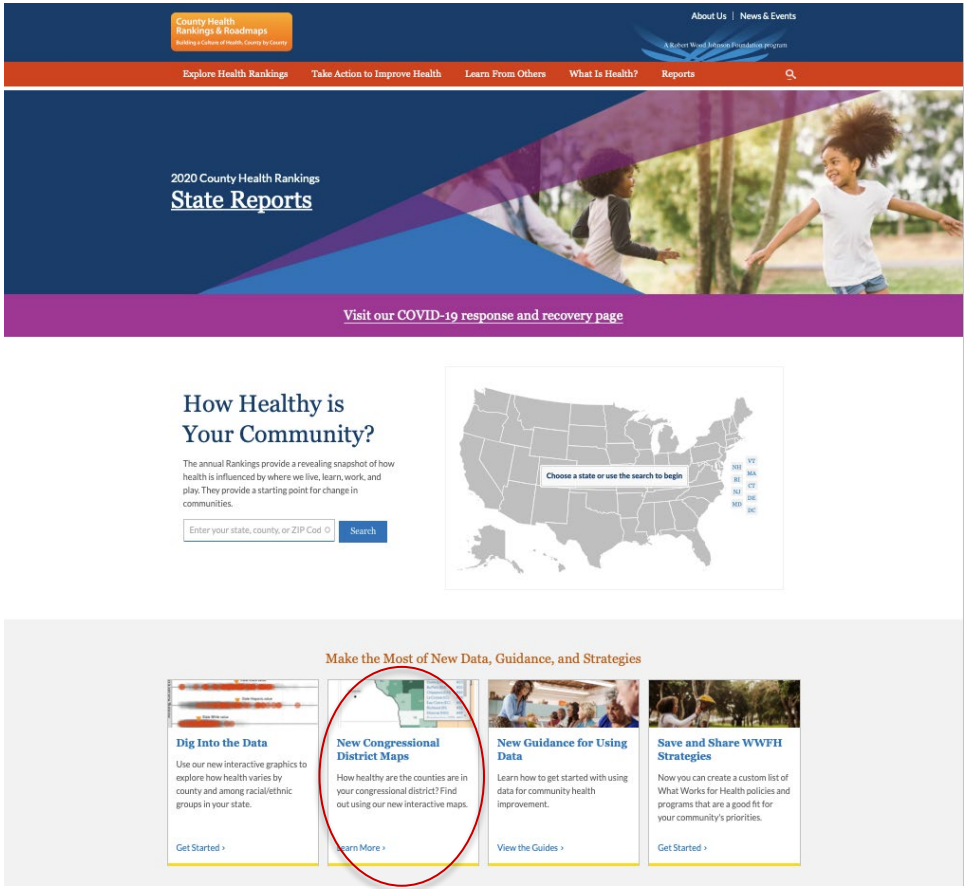
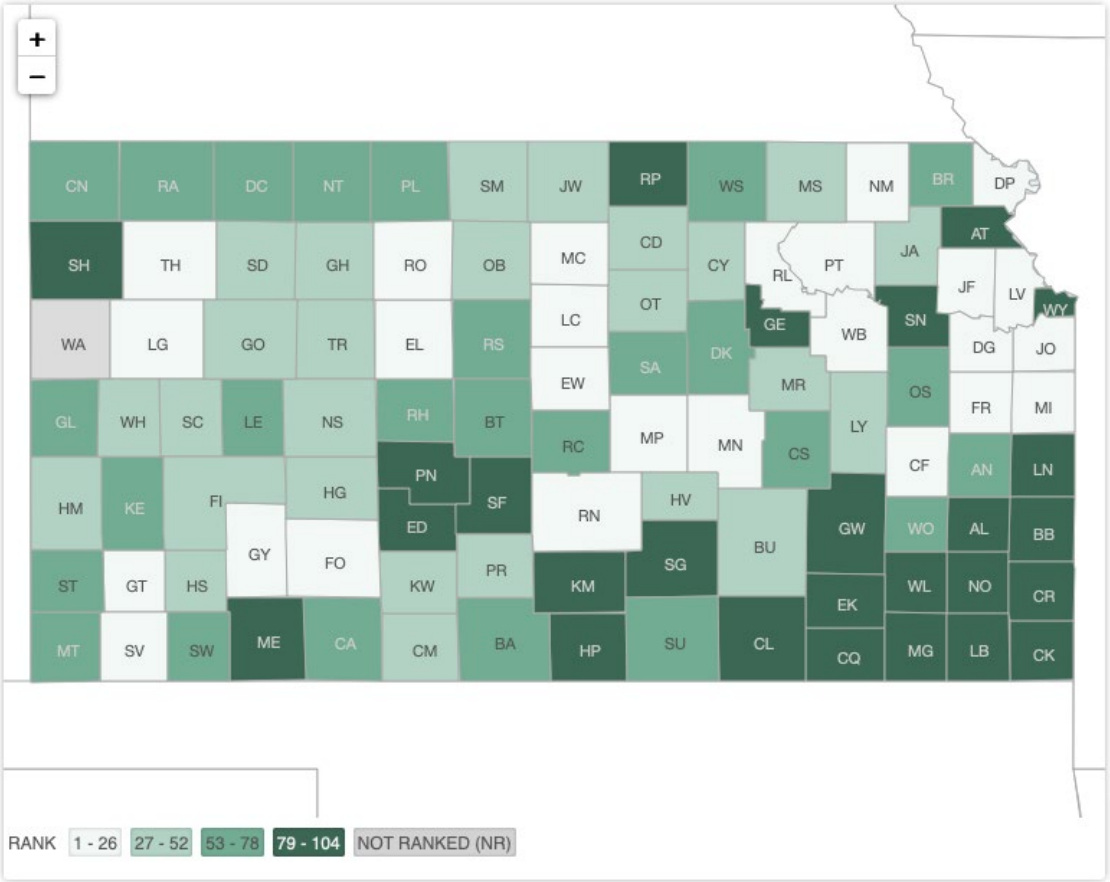


Overall Rank

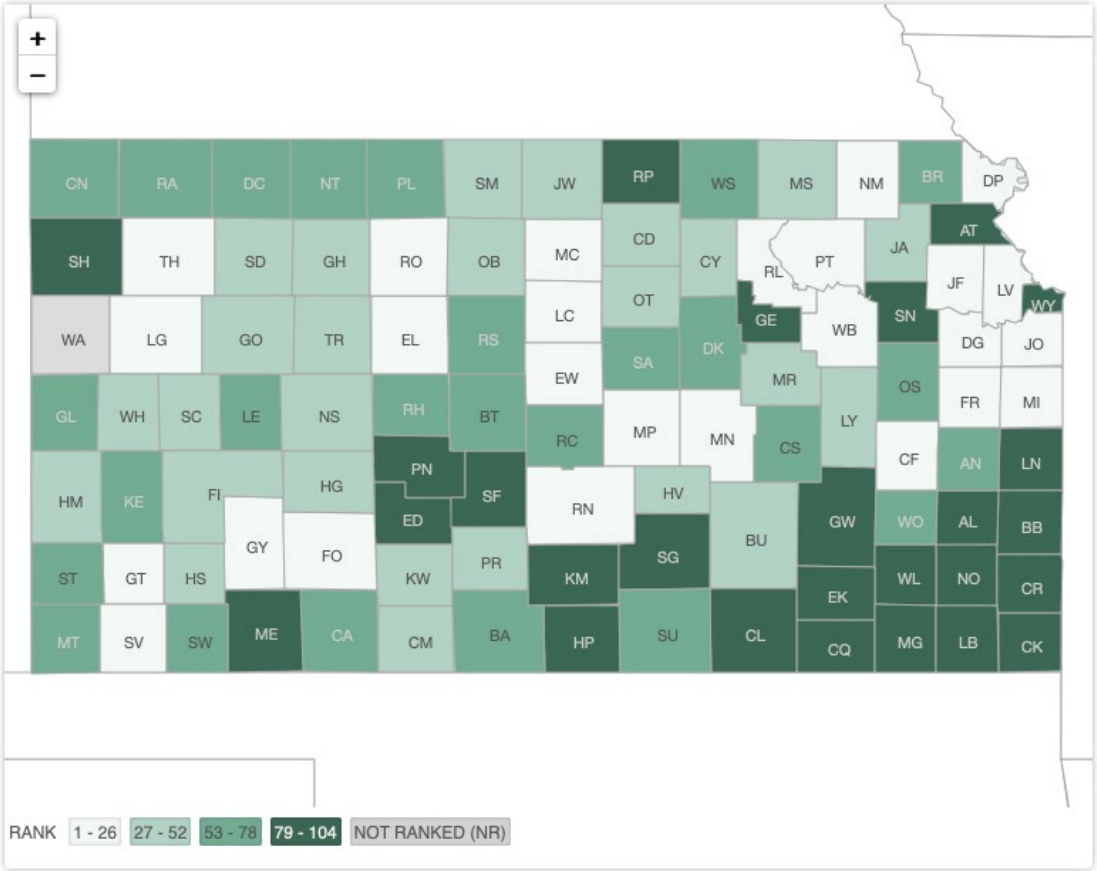
An overall ranking for all Health Outcomes combined.



Cities Congressional District Lines (Learn More)

Overall Rank

An overall ranking for all Health Outcomes combined.



Cities Congressional District Lines (Learn More)

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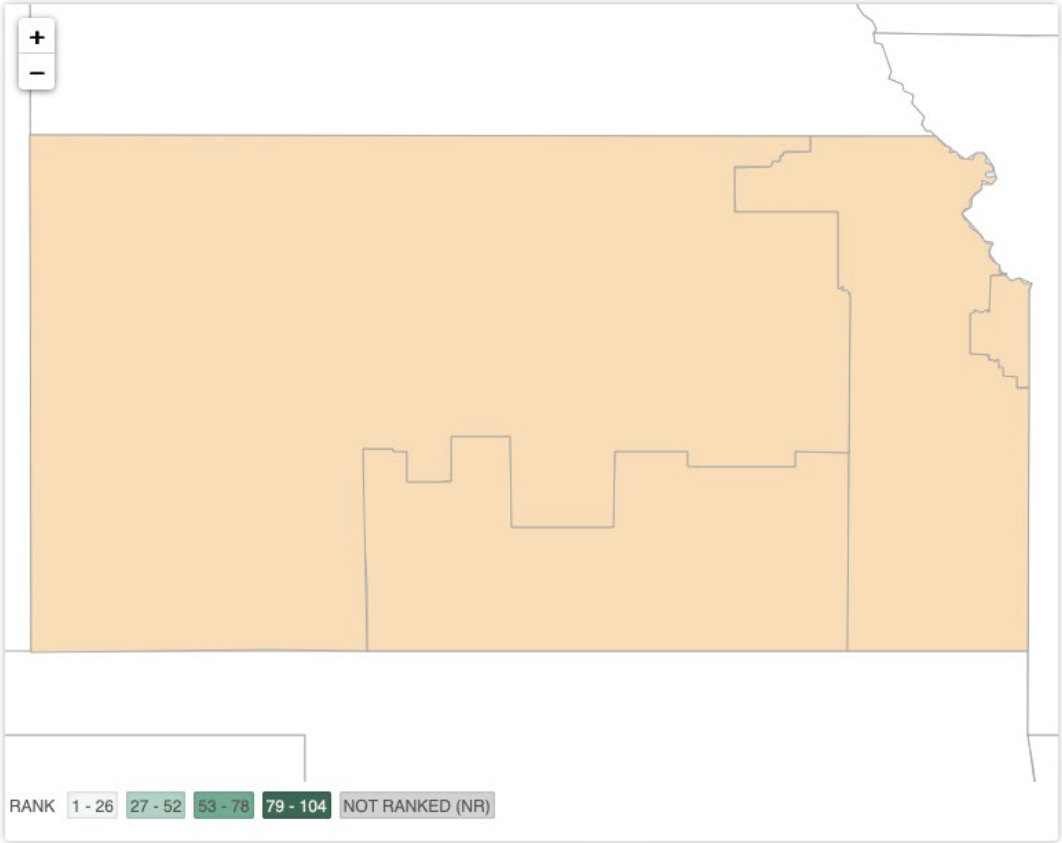

Cities Congressional District Lines (Learn More) Please Select A District

Overall Rank

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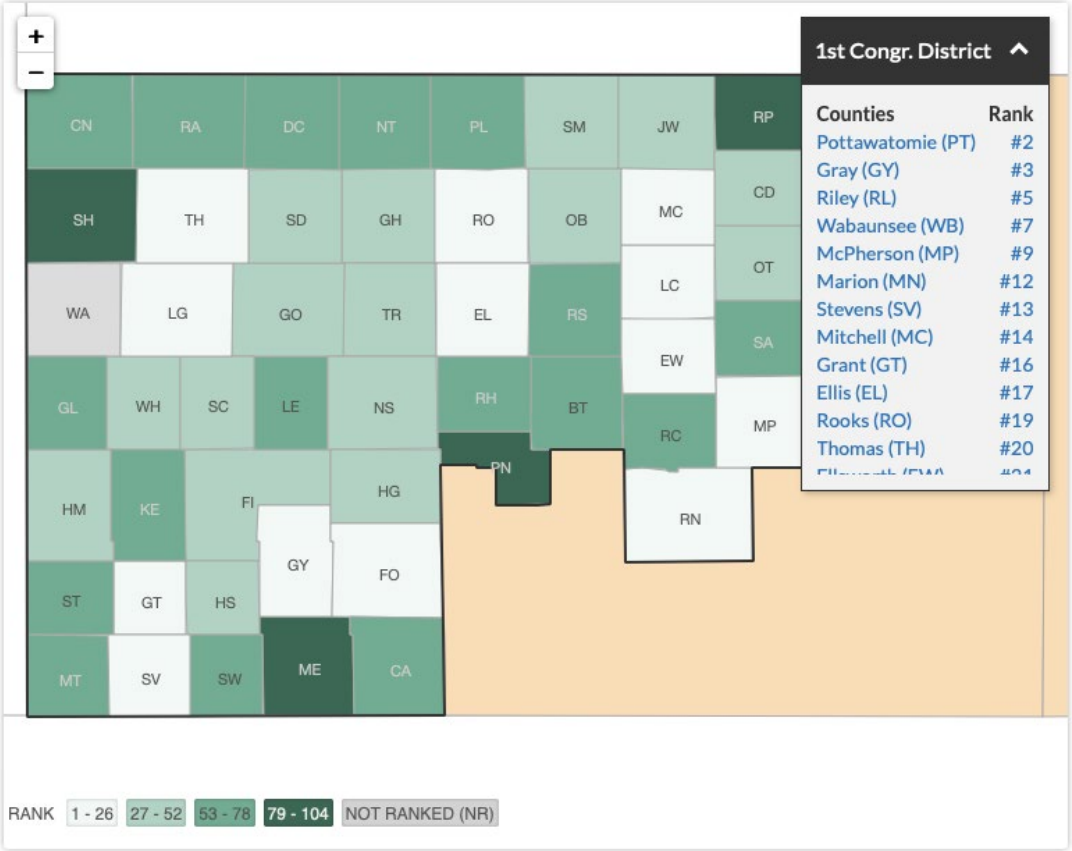
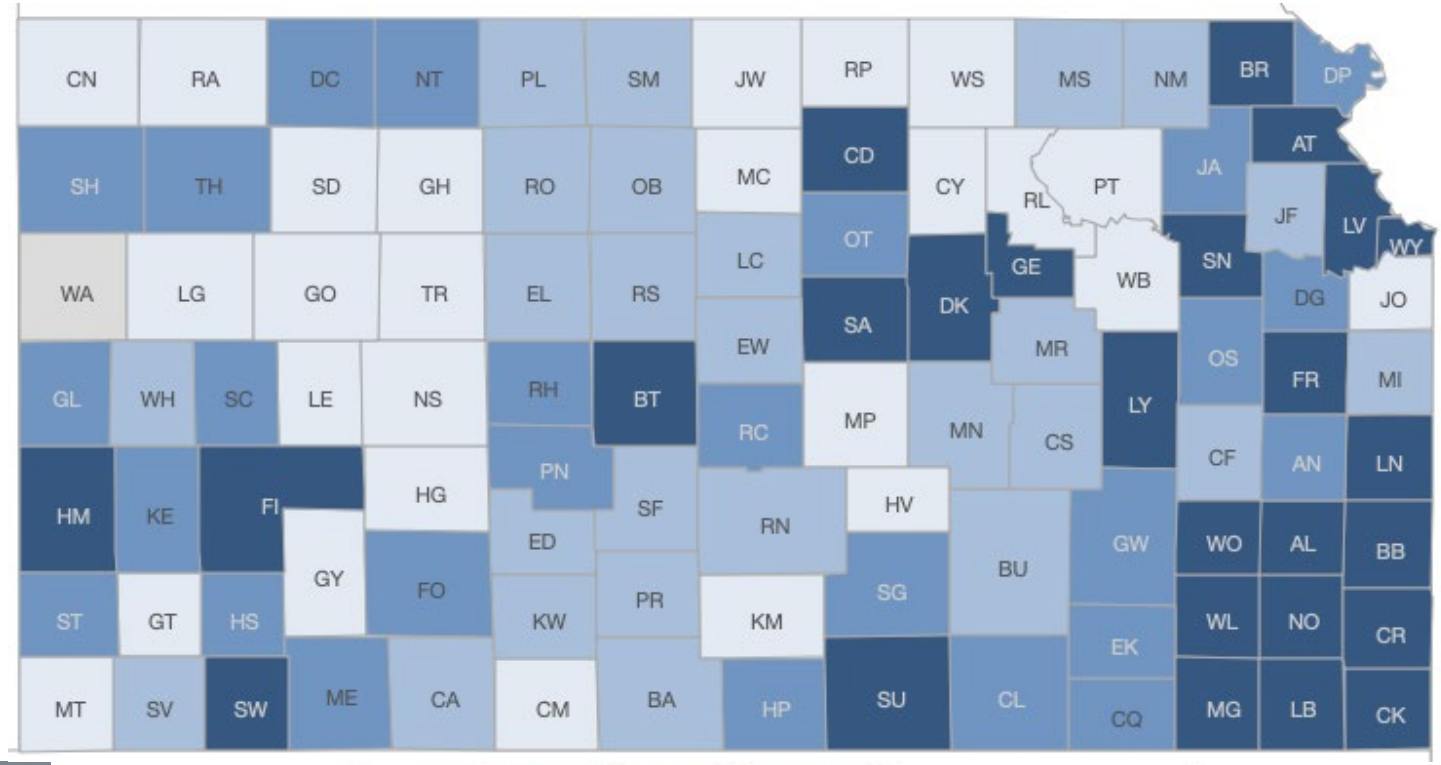


EXPLORING THE DATA

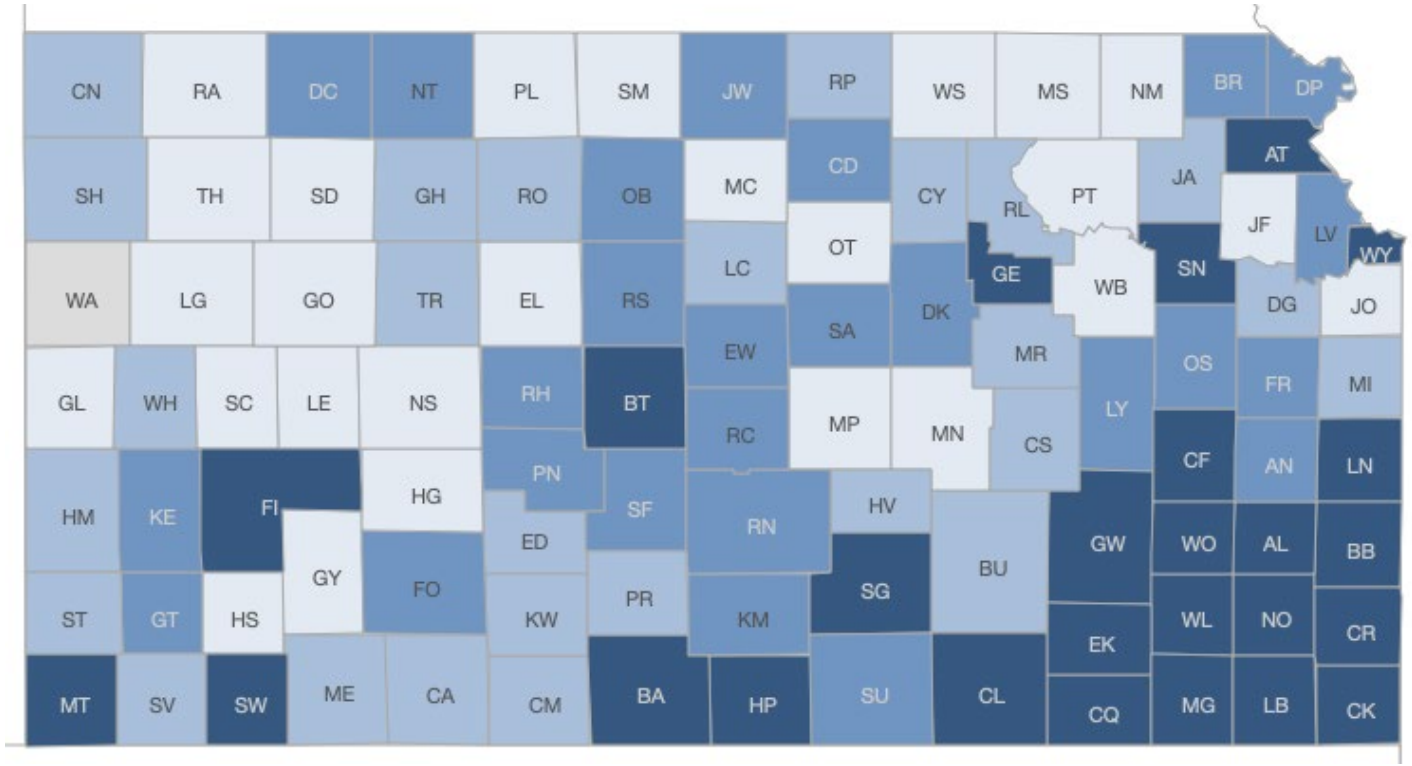
2020 HEALTH BEHAVIORS



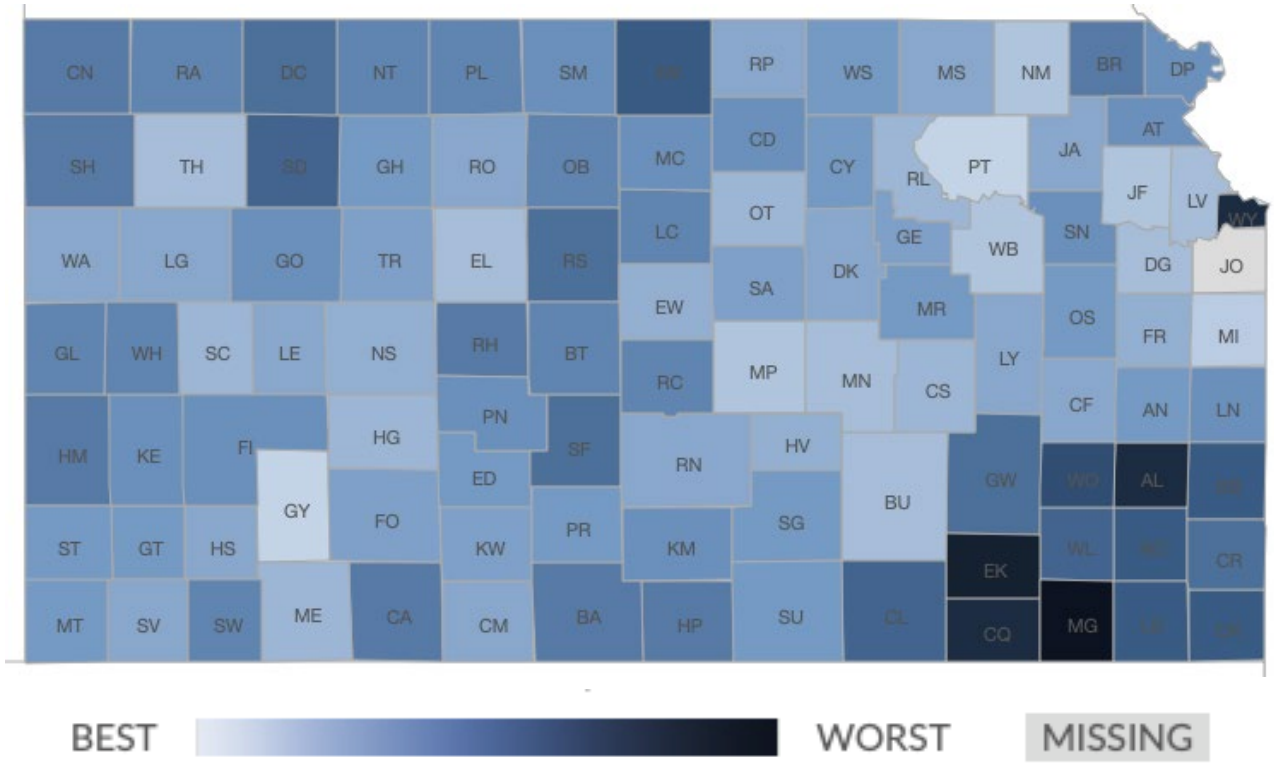
CHR DISPARITIES IN KANSAS, 2020

Measure	Kansas	Worst County Value	Best County Value
Adult Smoking	**17%**	**22%** Geary	**11%** Johnson
Adult Obesity	**33%**	**43%** Atchison	**24%** Sheridan

2020 SOCIAL & ECONOMIC FACTORS



2020 PERCENT OF CHILDREN IN POVERTY

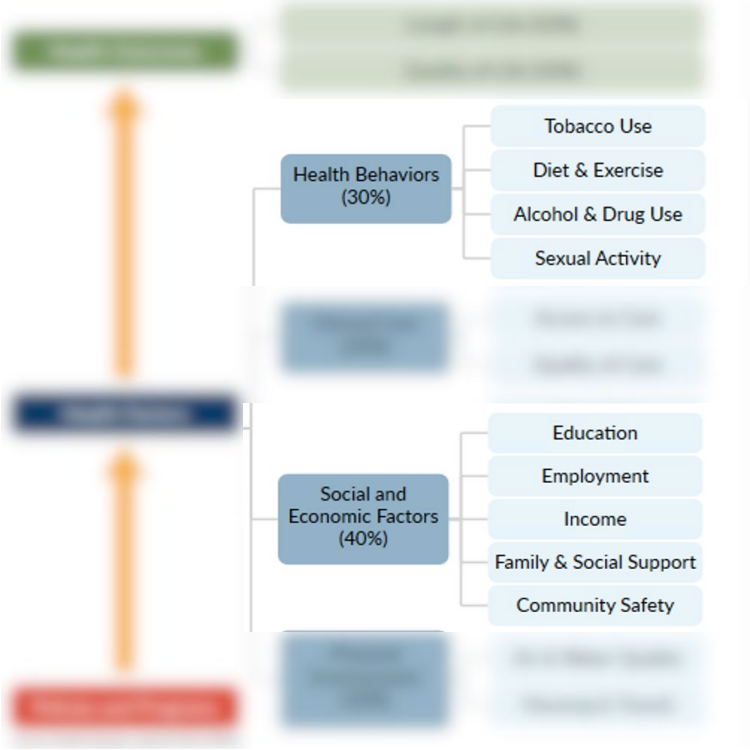


DISPARITIES IN PERCENT OF CHILDREN IN POVERTY, 2020

5 Worst Counties	Value	5 Best Counties	Value
Montgomery	29%	Johnson	6%
Elk	28%	Gray	9%
Chautauqua	27%	Pottawatomie	9%
Allen	27%	Miami	10%
Wyandotte	27%	Jefferson, McPherson, Wabaunsee and Nemaha	11%

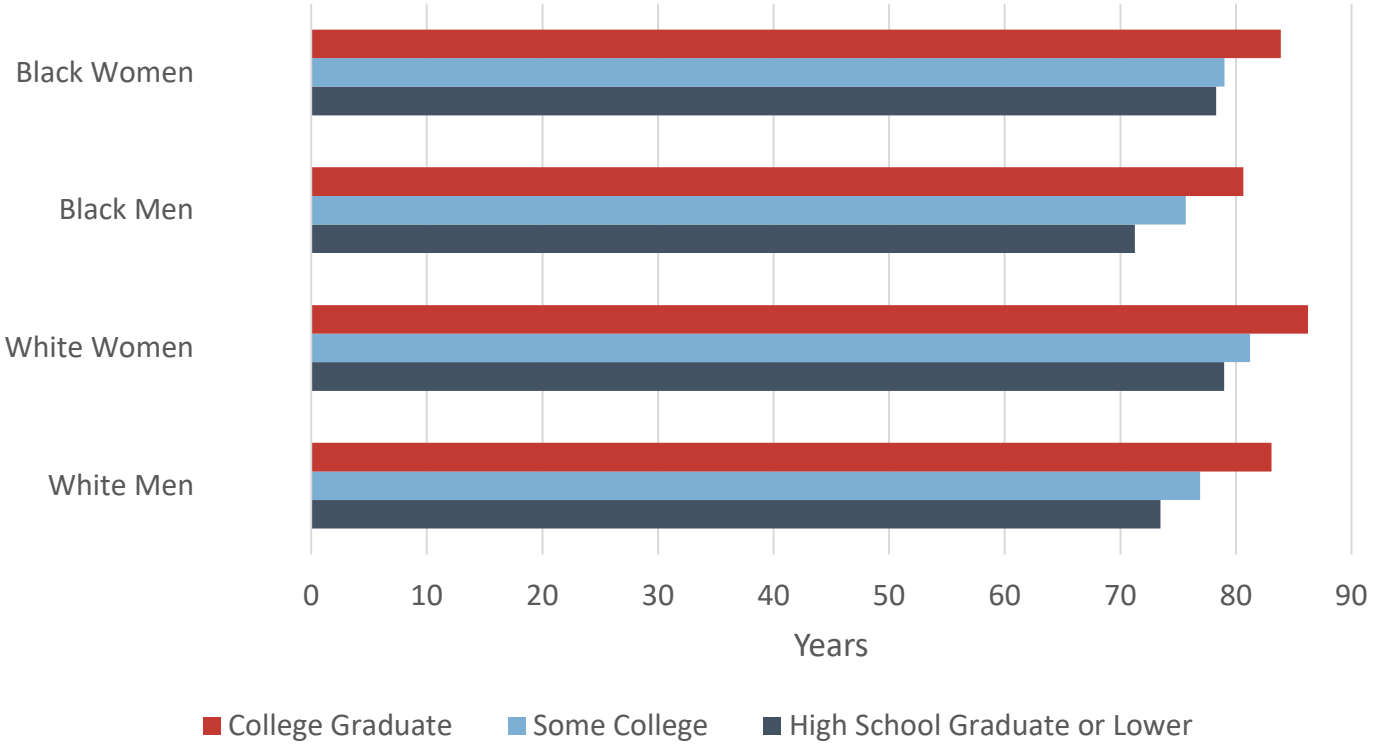
FOCUS ON EDUCATION

COUNTY HEALTH RANKINGS MODEL



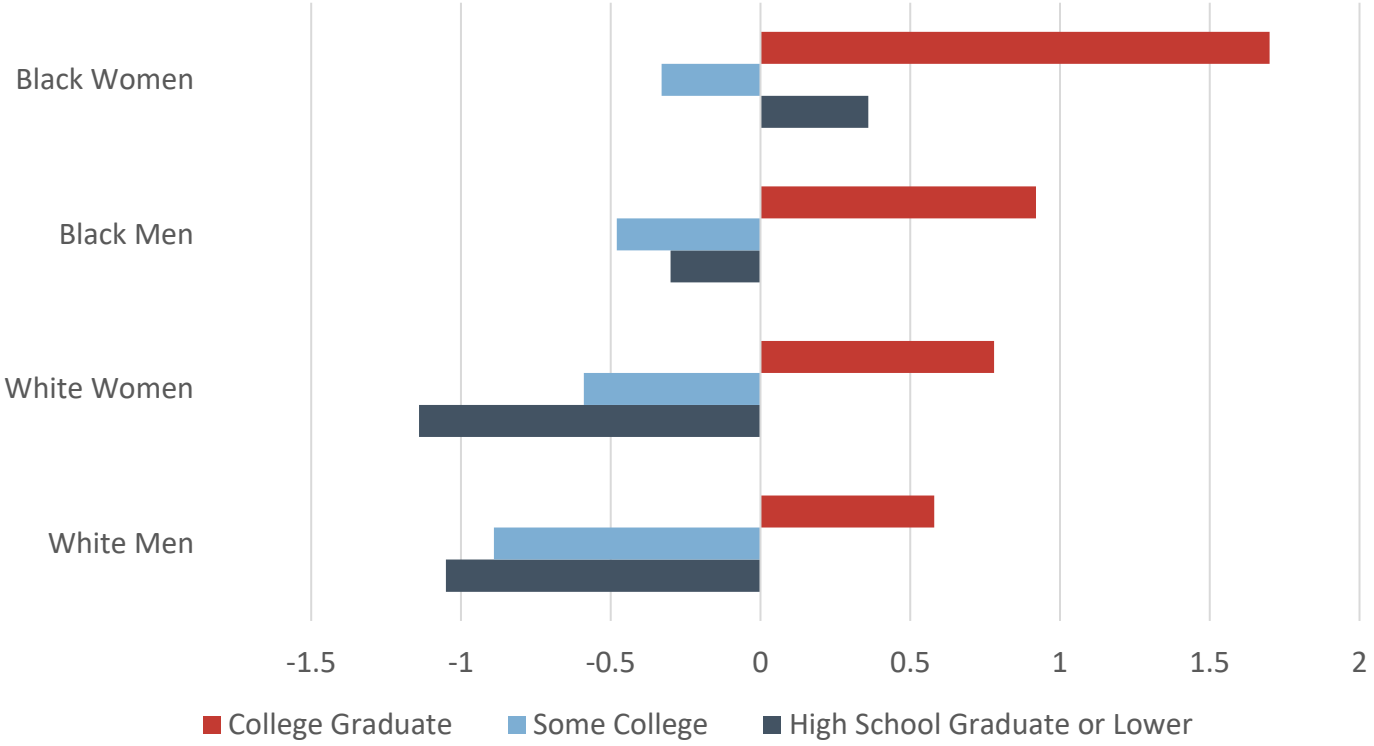
Source: County Health Rankings and Roadmaps, 2020

Expected Age at Death at Age 25 Years, by Race, Sex and Education, 2017



Source: Sasson I & Hayward MD. (2019). Association between educational attainment and causes of death among white and black US adults, 2010-2017. JAMA.

Change in Expected Age at Death at Age 25 Years, by Race, Sex and Education, 2010 to 2017



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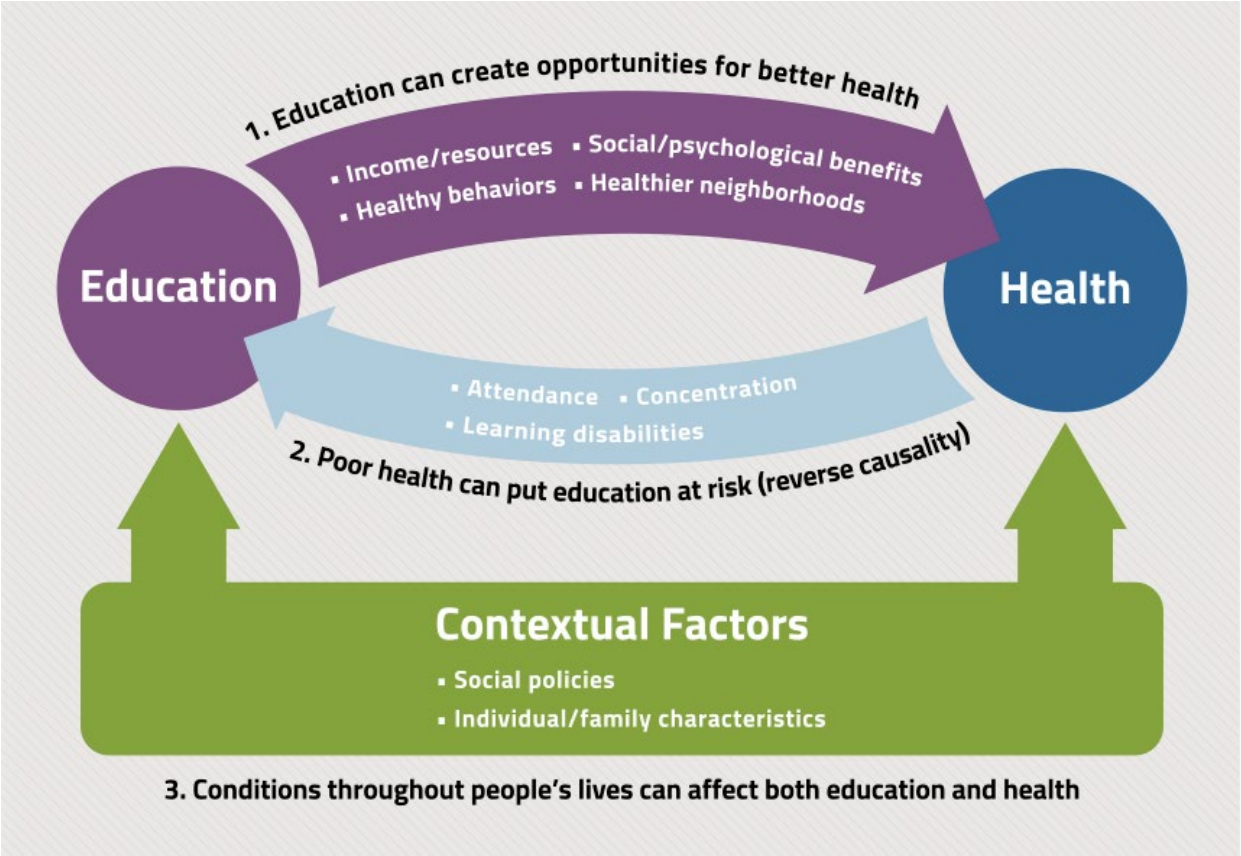
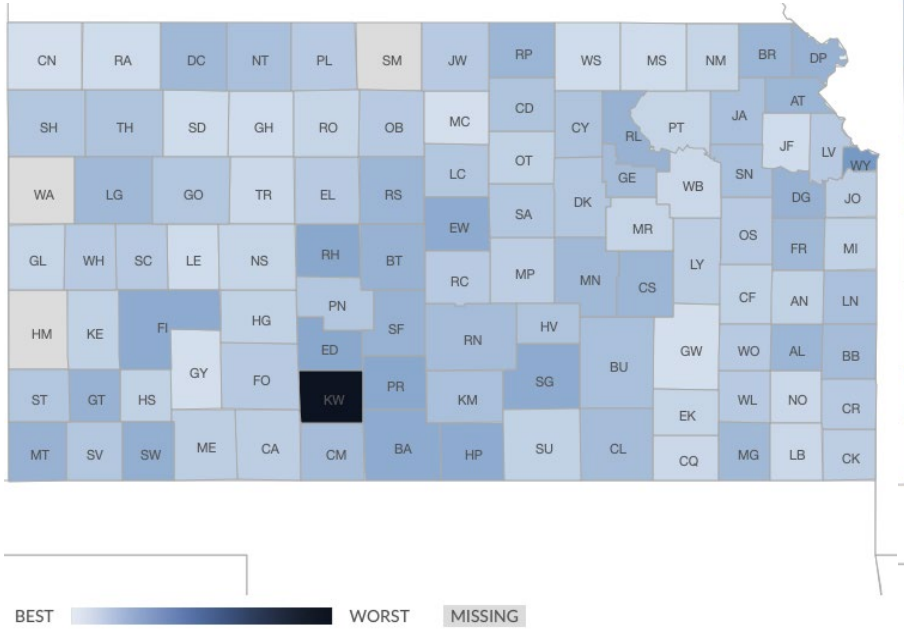


Source: The Center on Society and Health, Virginia Commonwealth University (2014). Why education matters to health: Exploring the causes.

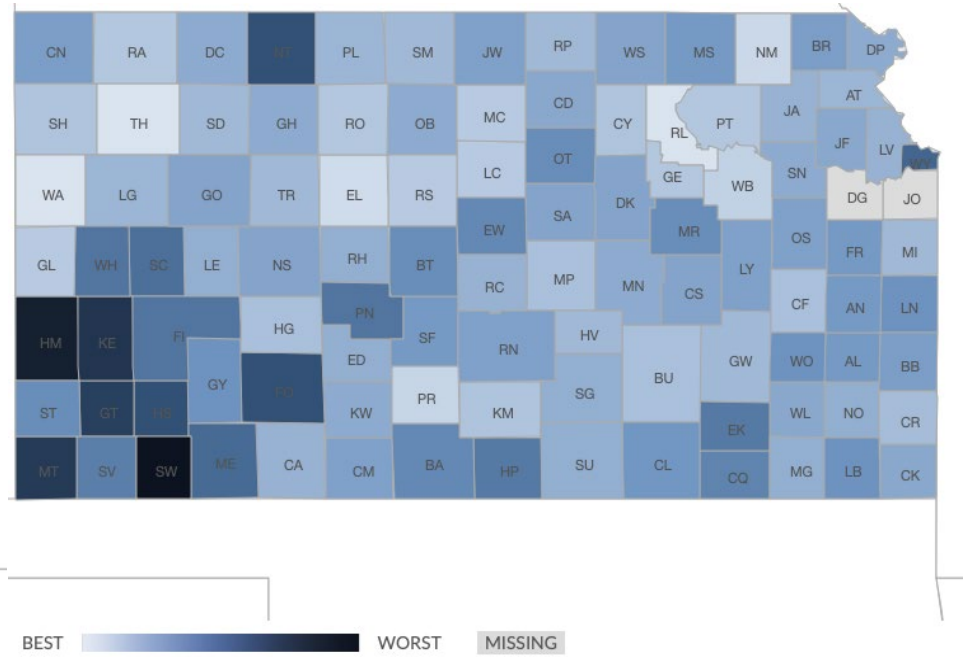
EDUCATION MEASURES

- High school graduation
- Some college
- Unranked measures
  - Disconnected youth (state-level only)
  - Reading scores
  - Math scores

2020 High School Graduation - Kansas



2020 Some College - Kansas



DISPARITIES IN EDUCATION

Measure	Kansas	Worst County Value	Best County Value
High School Graduation	**87%**	**51%** Kiowa	**100%** Wallace, Smith and Hamilton
Some College	**33%**	**43%** Atchison	**24%** Sheridan
Reading Scores	**3.1**	**2.5** Wyandotte	**3.6** Norton
Math Scores	**3.0**	**2.4** Trego	**3.9** Sherman

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Home » Explore Health Rankings » Measures & Data Sources » County Health Rankings Model » Health Factors » Social and Economic Factors » Education

COUNTY HEALTH RANKINGS MODEL

- Health Outcomes
- Health Factors
  - Health Behaviors
  - Clinical Care
  - Social and Economic Factors
    - Education
      - High school graduation
      - Some college
      - Disconnected youth*
      - Reading scores*
      - Math scores*
    - Employment
    - Income
    - Family and Social Support
    - Community Safety
  - Physical Environment
- Policies and Programs

*Additional Measure (not included in ranks)

Education

Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are taken into account.

About | Measures | Strategies | Explore the Data

When it comes to developing and implementing solutions to problems that affect communities, evidence matters. The strategies below give some ideas of ways communities can harness evidence to make a difference locally. You can learn more about these and other strategies in What Works for Health, which summarizes and rates evidence for policies, programs, and systems changes.

Alternative high schools for at-risk students	Provide educational and social services in an alternative setting for students at-risk of dropping out of traditional high schools Learn more ›
Attendance interventions for chronically absent students	Support interventions that provide chronically absent students with resources to improve self-esteem, social skills, etc. and address familial and school-related factors that can contribute to poor attendance Learn more ›
Career & technical education for high school graduation	Provide career and technical education (CTE) as an integrated part of an academic curriculum for students at risk of dropping out of high school; also called vocational training Learn more ›
Career Academies	Establish small learning communities in high schools focused on fields such as health care, finance, technology, communications, or public service Learn more ›

Evidence Rating
Scientifically Supported

Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

Health Factors
Education

Decision Makers
Educators
Government
Nonprofits

Alternative high schools for at-risk students

Print this strategy Save this strategy

Alternative high schools provide educational opportunities for students whose needs are not met by a traditional school model, often, students who have quit, been expelled, or are at increased risk of dropping out. Alternative schools generally offer services such as childcare or support groups, have a flexible structure, supportive environments, and small classes, and emphasize interactions between teachers and students. Such schools are frequently established in low income communities and housed outside of traditional schools. Alternative high schools are distinct from community-based alternative education programs for at-risk students that supplement traditional high school learning (CG-TFR Education).

Expected Beneficial Outcomes (Rated)

- Increased high school graduation

Evidence of Effectiveness

There is strong evidence that alternative high schools for at-risk students improve high school graduation rates (CG-TFR Education, Campbell-Wilson 2011). On average, alternative schools increase graduation rates among students at risk of dropping out by 15.5% (CG-TFR Education).

Interviews with at-risk students suggest that students are more likely to stay in alternative high schools that provide safe spaces physically, emotionally, and psychologically; foster a sense of community; affirm students' racial/ethnic identities; and use flexible disciplinary systems based on discussion and conflict resolution (O'Gorman 2016*).

Implementation challenges such as staffing or funding difficulties, problems with the physical space, and low program attendance or completion rates can reduce the effectiveness of alternative high schools (Campbell-Wilson 2011).

The cost of alternative schools varies significantly, ranging from $1,700 to $12,900 per student. The estimated benefit to cost ratio for alternative schools ranges from 0.6 to 1 to 1.6 to 1 (CG-TFR Education).

Impact on Disparities

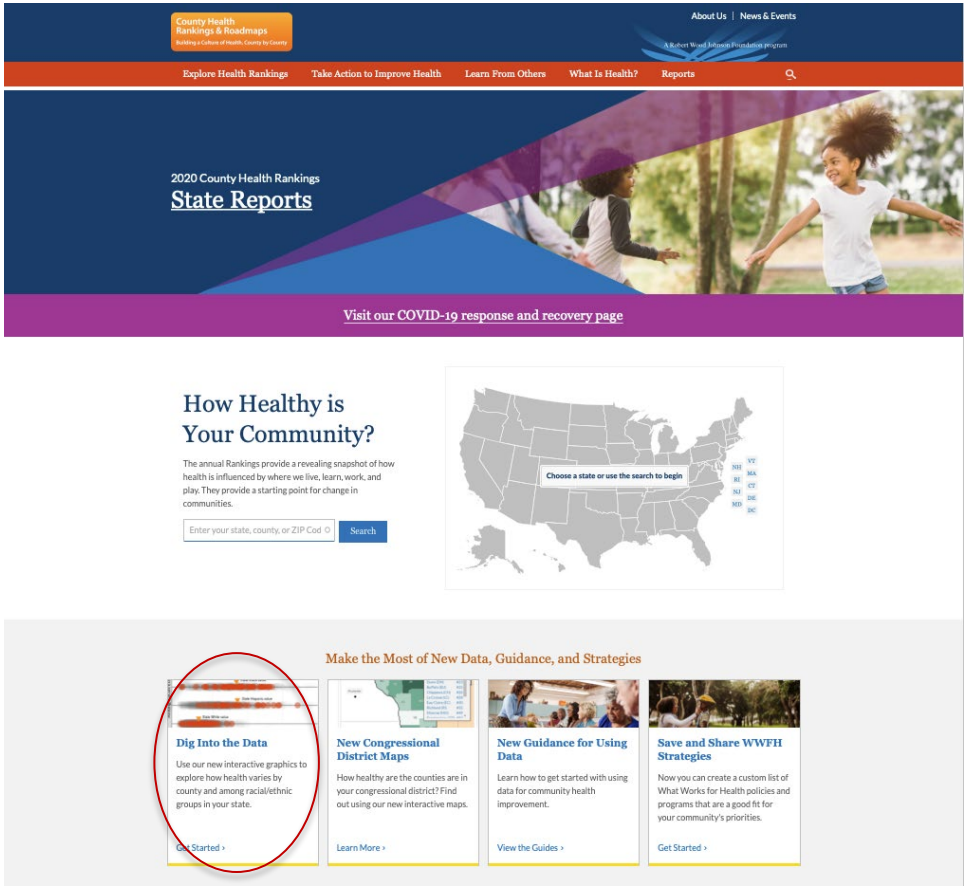
Likely to decrease disparities

Implementation Examples

Alternative education programs have been formally defined in 43 states; definitions vary, but usually include guidelines about services, for example, regular academic instruction (21 states), counseling (14 states), social and life skills training (13 states), vocational and workplace preparation (12 states), or behavioral services (e.g., anger management or conflict resolution) (11 states) (IES-Porowski 2014).

ADDITIONAL NEW FEATURES

www.countyhealthrankings.org



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Home » Reports » State Reports » 2020 County Health Rankings State Report Interactive Diagram

2020 County Health Rankings State Report - Interactive Diagram

Patterns of unfair and avoidable differences in a variety of health measures exist at the local, state, and national level. The graphic below allows you to explore how health may vary for counties and among racial/ethnic groups within your state.

Please see more notes at the bottom of this page.

Choose a state

Kansas

Choose a measure

Children in poverty

Optional: Interested in digging deeper?

Uncheck all the boxes below, and then follow the guided questions as you add data back to the figure.

- [x] State-level data and overall national value
- [x] State's county-level data
- [x] US county-level data

Only check the box for state-level data and overall national data and ask:

How does your state compare to the nation?

How do the patterns differ by race or ethnicity?

Add your state's county-level data and ask:

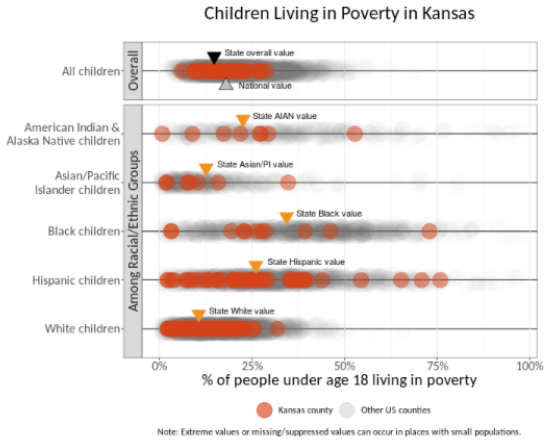
How big is the range among counties, overall?

How do the patterns differ by race or ethnicity?

How do the county values compare to the state values?

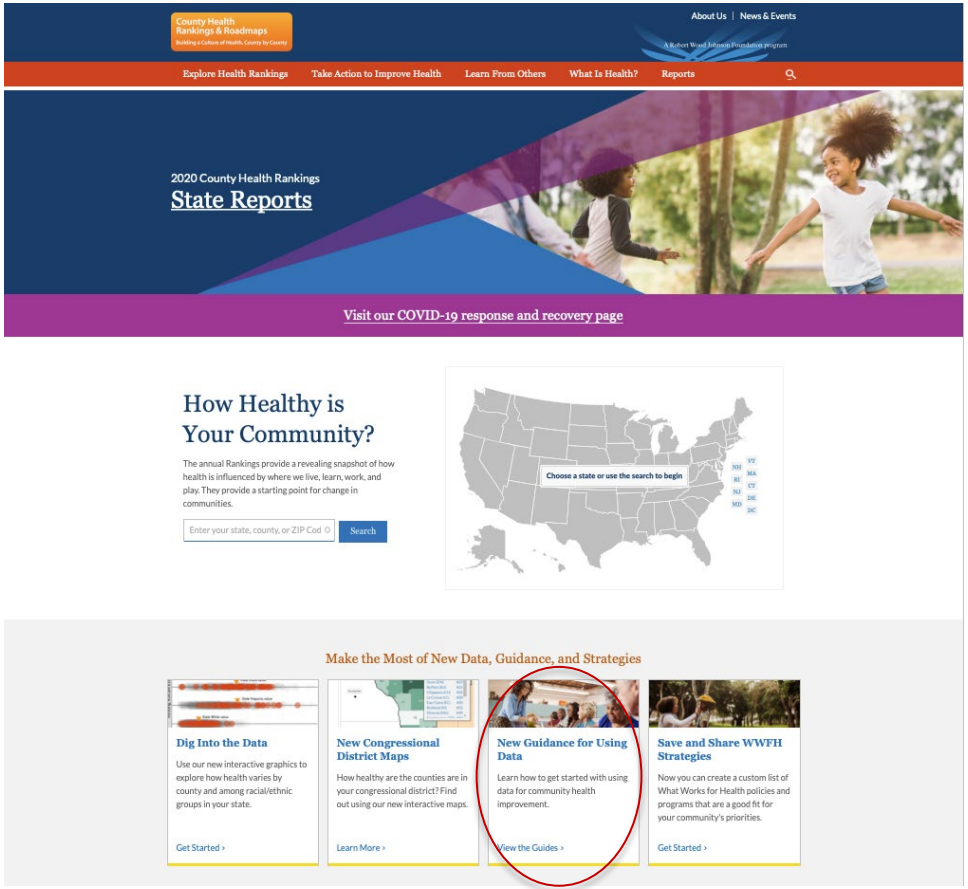
Add US county-level data and view by itself or in addition to your state's data and ask:

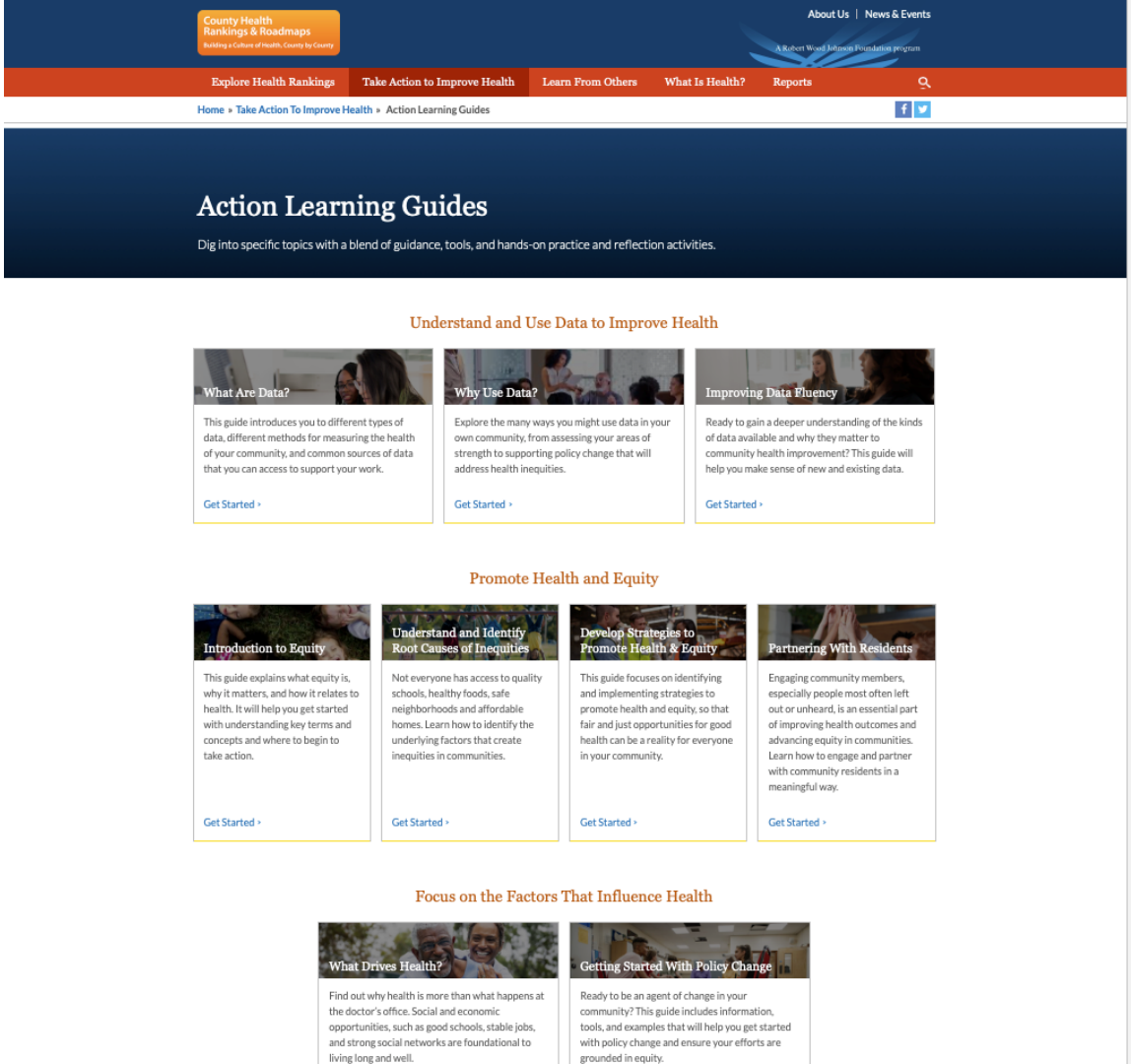
What is the pattern in other US counties?



Interested in learning more? Visit us at www.countyhealthrankings.org or view the underlying data here.

www.countyhealthrankings.org

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Action Learning Guides
Dig into specific topics with a blend of guidance, tools, and hands-on practice and reflection activities.
Understand and Use Data to Improve Health
What Are Data?
This guide introduces you to different types of data, different methods for measuring the health of your community, and common sources of data that you can access to support your work.
Get Started ›
Why Use Data?
Explore the many ways you might use data in your own community, from assessing your areas of strength to supporting policy change that will address health inequities.
Get Started ›
Improving Data Fluency
Ready to gain a deeper understanding of the kinds of data available and why they matter to community health improvement? This guide will help you make sense of new and existing data.
Get Started ›
Promote Health and Equity
Introduction to Equity
This guide explains what equity is, why it matters, and how it relates to health. It will help you get started with understanding key terms and concepts and where to begin to take action.
Get Started ›
Understand and Identify Root Causes of Inequities
Not everyone has access to quality schools, healthy foods, safe neighborhoods and affordable homes. Learn how to identify the underlying factors that create inequities in communities.
Get Started ›
Develop Strategies to Promote Health & Equity
This guide focuses on identifying and implementing strategies to promote health and equity, so that fair and just opportunities for good health can be a reality for everyone in your community.
Get Started ›
Partnering With Residents
Engaging community members, especially people most often left out or unheard, is an essential part of improving health outcomes and advancing equity in communities. Learn how to engage and partner with community residents in a meaningful way.
Get Started ›
Focus on the Factors That Influence Health
What Drives Health?
Find out why health is more than what happens at the doctor's office. Social and economic opportunities, such as good schools, stable jobs, and strong social networks are foundational to living long and well.
Getting Started With Policy Change
Ready to be an agent of change in your community? This guide includes information, tools, and examples that will help you get started with policy change and ensure your efforts are grounded in equity.

“Be ashamed to die until you have won some victory for humanity.

Antioch College Commencement Address (H. Mann, 1859)

BREAK TIME!

- Please be back by 11:25 a.m. In the meantime, see if you can find answers to the following:
  - For 2020, what is the % of teens and young adults ages 16-19 who are neither working nor in school (Disconnected youth)?
  - What is an expected beneficial outcome of alternative high schools for at-risk students?
  - Go to https://www.khi.org/policy/article/2020-CHR and find the fact sheet for your county. Explore a measure important to your work!

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Informing Policy. Improving Health.