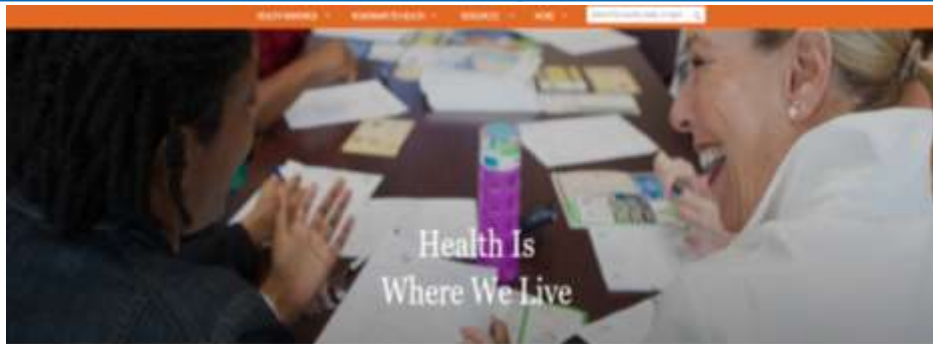


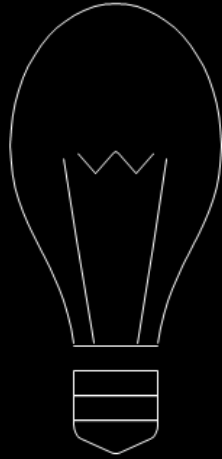
[www.countyhealthrank](http://www.countyhealthrank.com)



How Healthy is Your Community?

The annual health grade provides a ranking of how healthy a community is when it comes to health care and quality of life. The grade is a starting point for change in communities across the state. [Learn the story or read the facts by topic.](#)

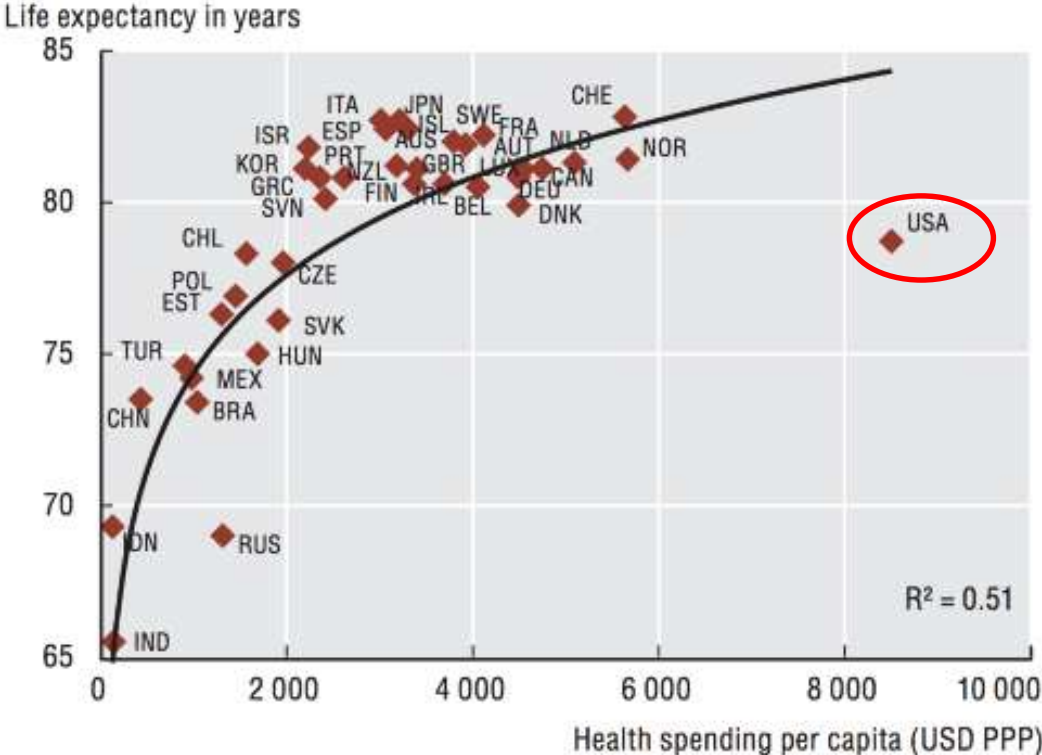




WHY DOES THIS MATTER?

Life expectancy at birth vs. health spending per capita, 2011 (or nearest year)

Source: Health at a Glance 2013: OECD Indicators

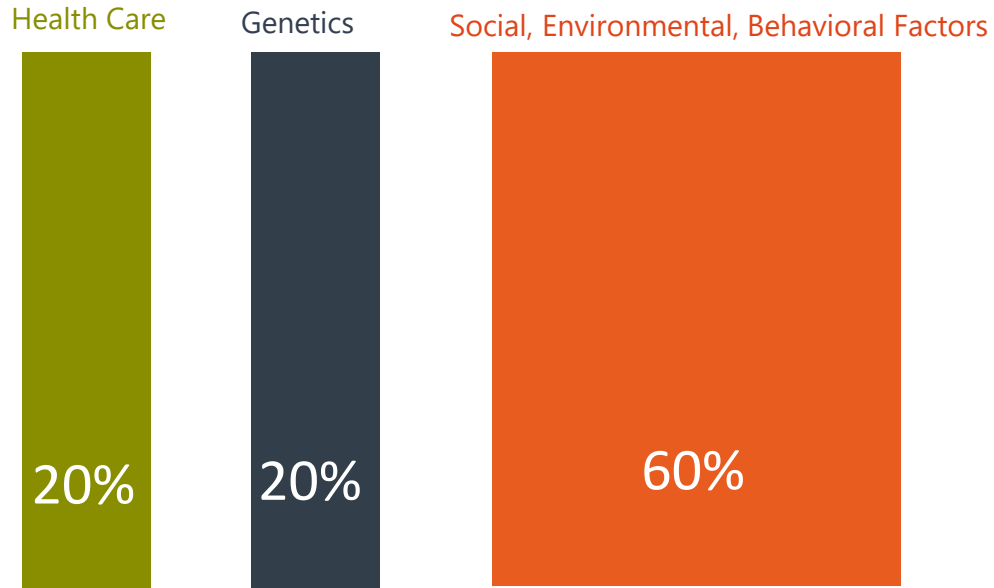


Particularly perplexing

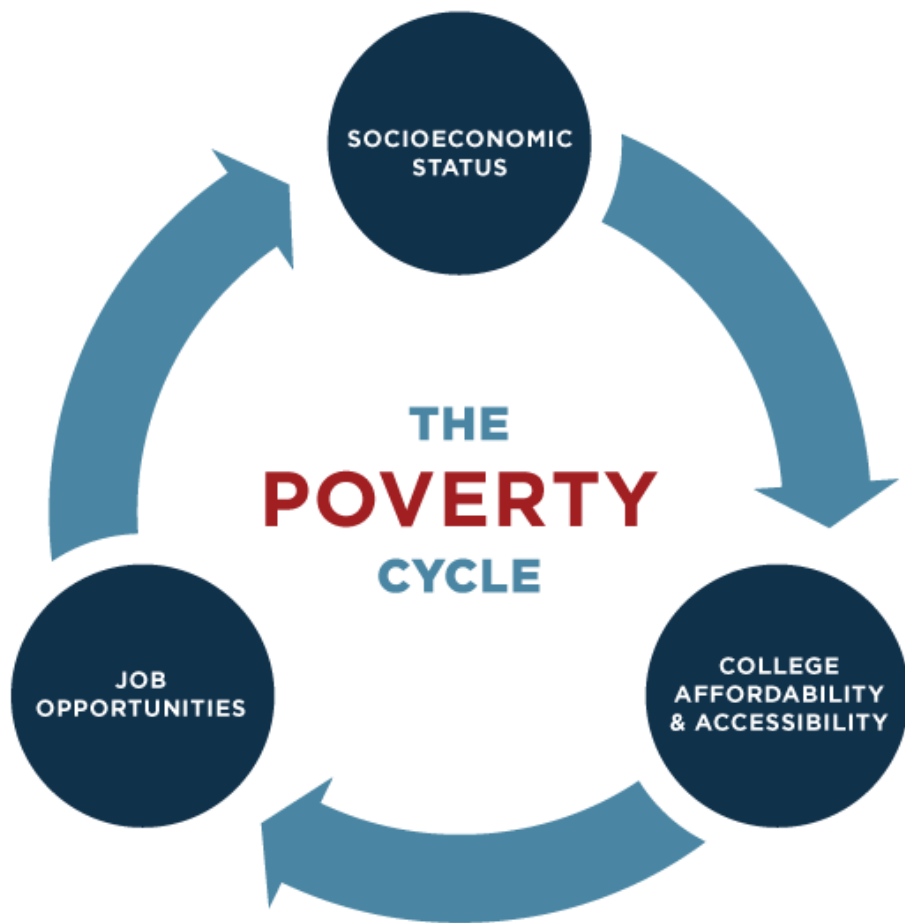
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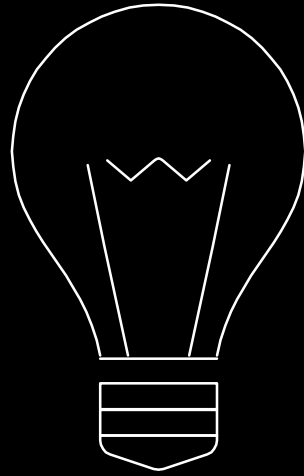
HEALTHCARE = HEALTH

WHAT DETERMINES HEALTH?



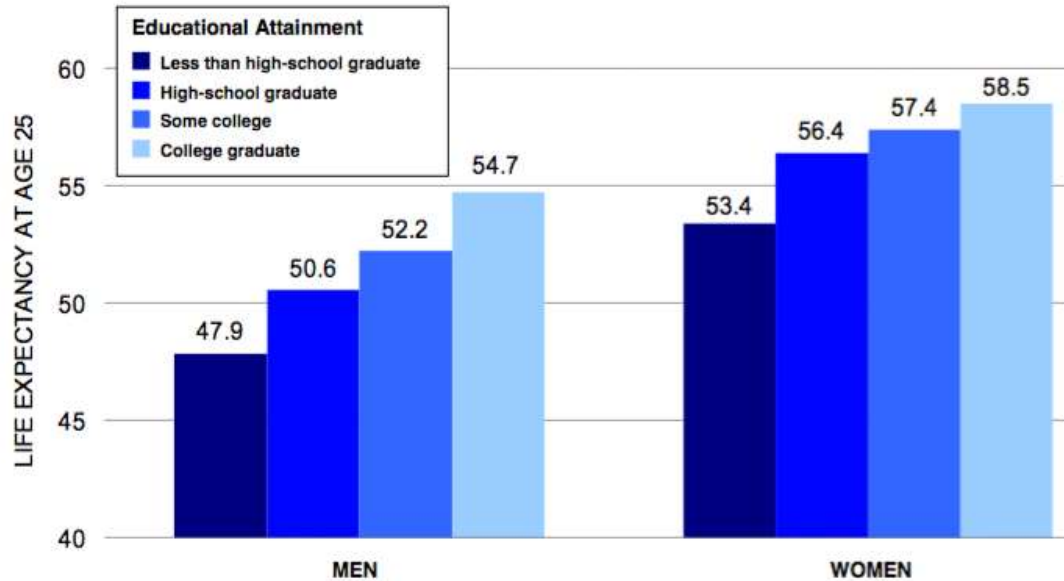
Source: Bradley & Taylor, *The American Healthcare Paradox*





EDUCATION

EDUCATION AND HEALTH OUTCOMES: LIFE EXPECTANCY

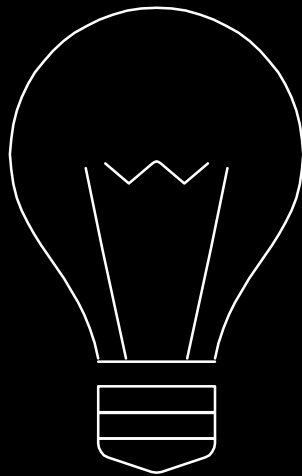


Source: Egarter S, Braveman P, Sadegh-Nobari T, Grossman-Kahn R, and Dekker M. *Education and Health*. Robert Wood Johnson Foundation, May 2011

PATHWAYS FROM EDUCATION TO HEALTH

- Better knowledge => healthy lifestyles
- Better jobs
 - Income, housing, access to health care, living environment
- Better attitude
 - Coping mechanisms
 - Sense of control
 - Problem solving

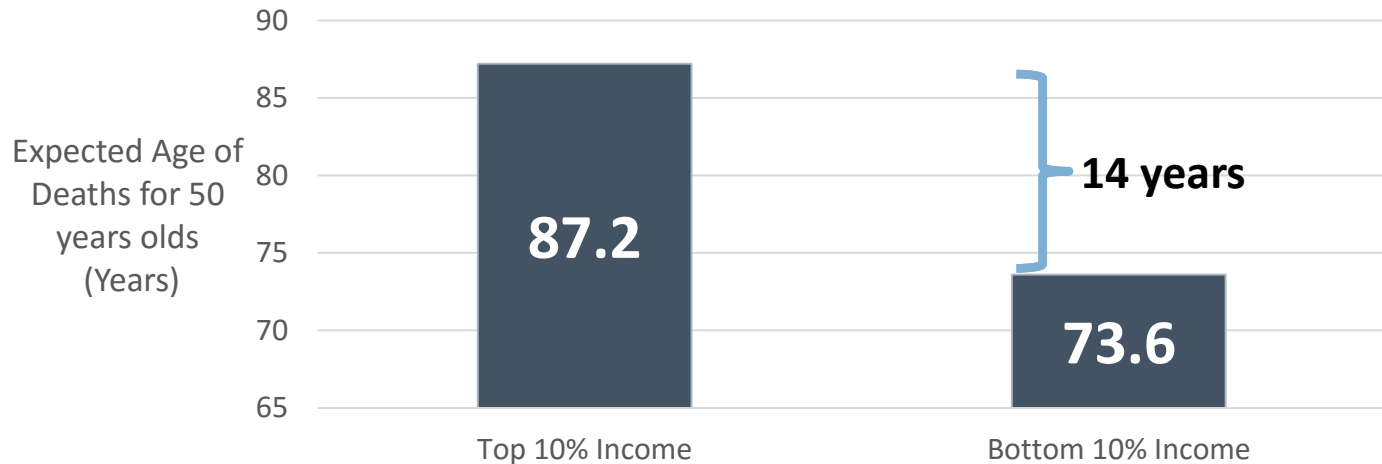




POVERTY

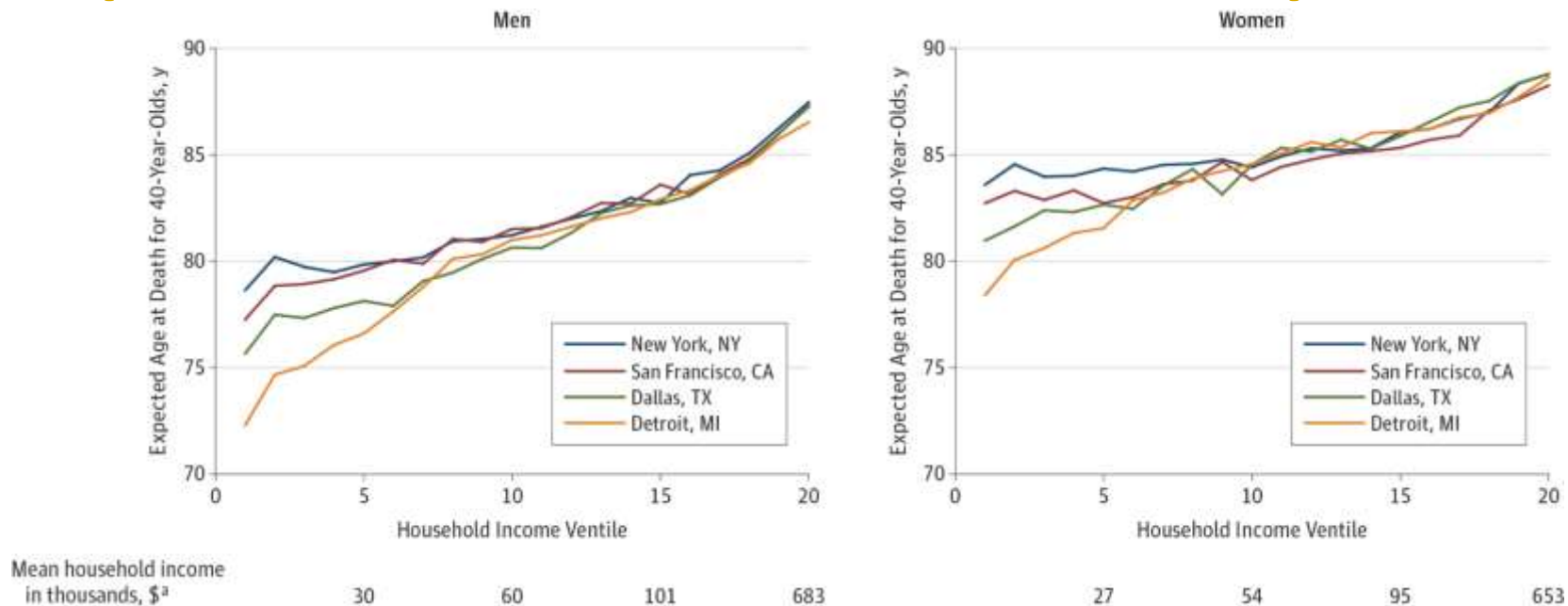
INCOME & HEALTH OUTCOMES: LIFE EXPECTANCY

Life Expectancy For Men Born in 1950 By Level of Income



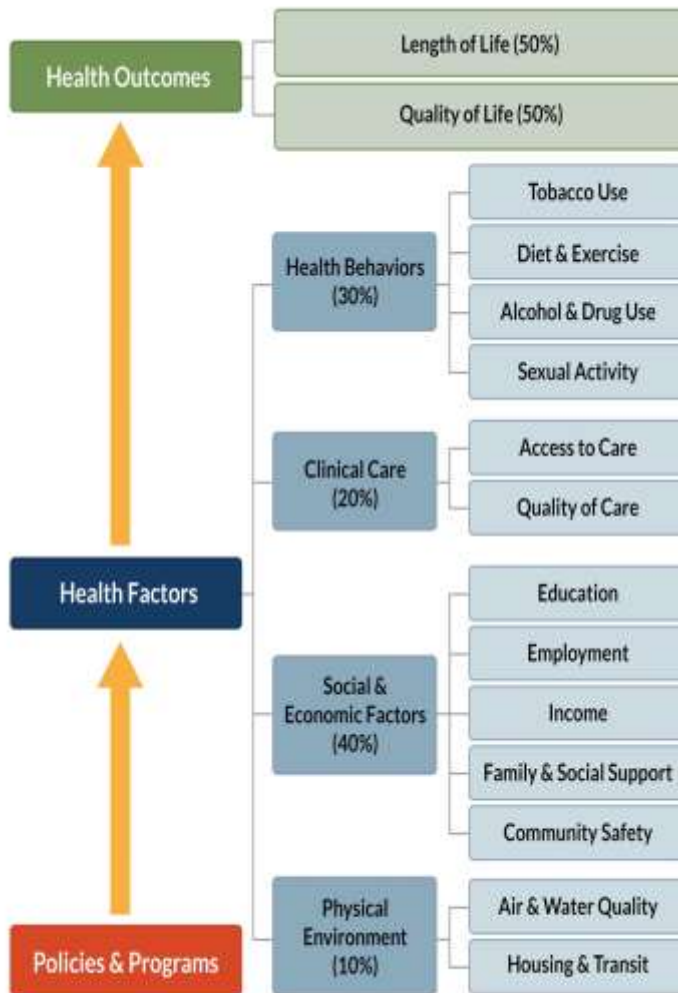
Adapted from Brookings Institution

WHERE YOU LIVE MATTERS (ESPECIALLY IF YOU ARE POOR...)



Copyright © 2016 American Medical Association. All rights reserved.

Source: JAMA. 2016;315(16):1750-1766. doi:10.1001/jama.2016.4226



County Health Rankings model © 2016 UWPHI

County Health Rankings

35 public domain measures of important dimensions of health

RWJF and University of Wisconsin Madison:
www.countyhealthrankings.org/about-project/background

County	Rank	County	Rank	County	Rank	County	Rank
Allen	92	Finney	56	Logan	4	Rooks	80
Anderson	52	Ford	63	Lyon	50	Rush	45
Atchison	44	Franklin	54	Marion	21	Russell	36
Barber	69	Geary	74	Marshall	34	Saline	48
Barton	58	Gove	32	McPherson	12	Scott	31
Bourbon	85	Graham	55	Meade	13	Sedgwick	60
Brown	87	Grant	38	Miami	16	Seward	67
Butler	28	Gray	10	Mitchell	41	Shawnee	65
Chase	73	Greeley	30	Montgomery	93	Sheridan	57
Chautauqua	84	Greenwood	94	Morris	43	Sherman	89
Cherokee	97	Hamilton	81	Morton	90	Smith	77
Cheyenne	71	Harper	95	Nemaha	25	Stafford	22
Clark	83	Harvey	17	Neosho	72	Stanton	NR
Clay	27	Haskell	39	Ness	40	Stevens	24
Cloud	66	Hodgeman	NR	Norton	61	Sumner	59
Coffey	20	Jackson	11	Osage	35	Thomas	6
Comanche	53	Jefferson	23	Osborne	99	Trego	18
Cowley	91	Jewell	62	Ottawa	26	Wabaunsee	2
Crawford	76	Johnson	1	Pawnee	86	Wallace	NR
Decatur	37	Kearny	33	Phillips	82	Washington	9
Dickinson	49	Kingman	29	Pottawatomie	3	Wichita	68
Doniphan	15	Kiowa	47	Pratt	51	Wilson	98
Douglas	7	Labette	102	Rawlins	79	Woodson	88
Edwards	70	Lane	42	Reno	64	Wyandotte	101
Elk	96	Leavenworth	19	Republic	100		
Ellis	8	Lincoln	46	Rice	75		
Ellsworth	14	Linn	78	Riley	5		

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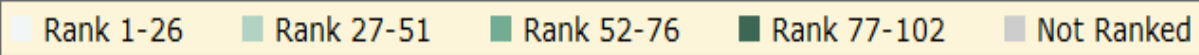
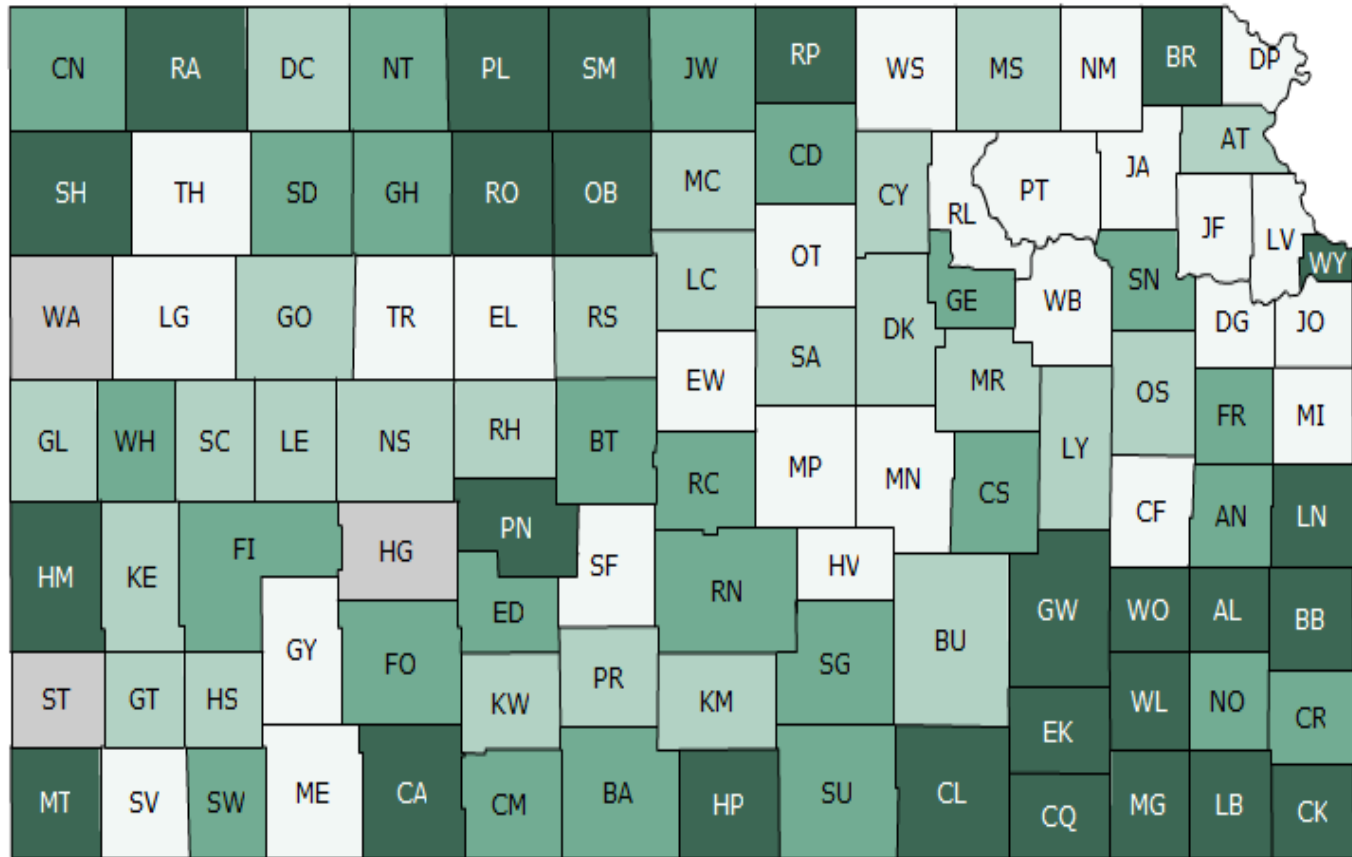
SOME LIMITATIONS

- Ranking position may change for many reasons:
 - Random
 - Change in our county
 - Change in other counties
 - Change in methodology
- Data timeliness
- Information aggregated only at the county level
 - Within-county disparities not shown



WHERE WE LIVE MATTERS

Health Outcomes, 2017



Where We Live Matters



	Shawnee	Douglas	Wyandotte	Johnson	KS
% High school graduation	80	84	73	90	86
% Children in poverty	20	13	32	7	17
% Unemployed	4.3	3.7	6.1	3.4	4.2
Median household income	\$51,300	\$52,400	\$41,700	\$83,000	\$53,800

Where We Live Matters



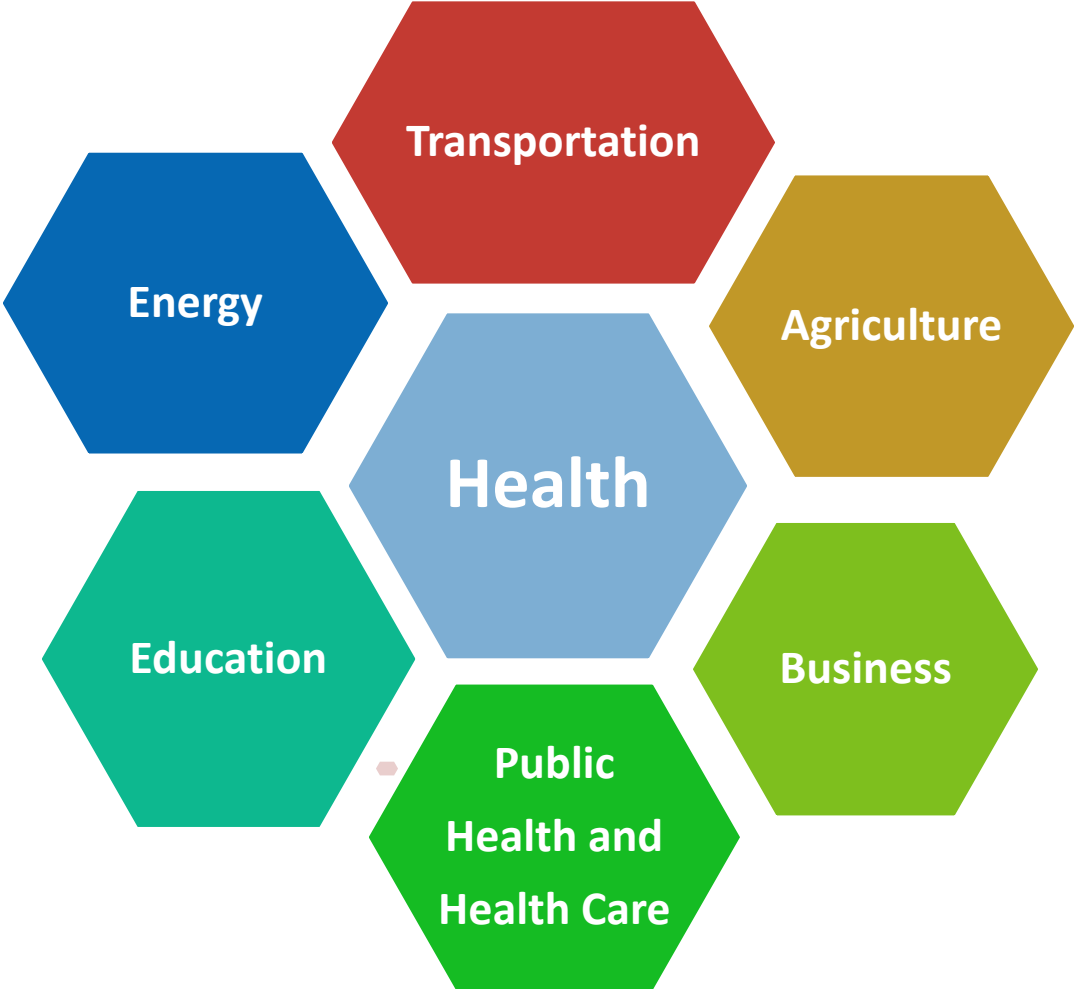
	Shawnee	Douglas	Wyandotte	Johnson	KS
% Low birth weight	7.5	6.5	8.3	6.5	7.1
% Mammography screening	68	69	56	68	63
% Adult smoking	19	15	21	11	18
% Obese adults	33	24	36	25	31



What Can We Do?

Kansas Health Institute

Sectors that Impact Health



GOOD NEWS



There are interventions to address these issues

Keyword Search

GO

Policies & Programs

All Policies & Programs

New or Updated Policies & Programs

Health Factors

Health Behaviors

Alcohol and Drug Use (35)

Diet and Exercise (73)

Sexual Activity (20)

Tobacco Use (18)

What Works for Health

Policies and programs that can improve health

Active recess Scientifically Supported

Establish a break from the school day, typically before lunch, that involves planned, inclusive, actively supervised games or activities; also called semi-structured, or structured recess

Diet and Exercise

Activity programs for older adults Scientifically Supported

Offer group educational, social, or physical activities that promote social interactions, regular attendance, and community involvement among older adults

Diet and Exercise - Family and Social Support

Administrative license suspension/revocation laws Scientifically Supported

Enable law enforcement officials to take an individual's drivers license when that individual refuses or fails a chemical test such as a breathalyzer

Alcohol and Drug Use

Interventions: Tobacco

- ✓ Minimum tobacco age laws
- ✓ Access restrictions for minors
- ✓ Marketing restrictions
- ✓ Quitlines
- ✓ E-cigarette regulations
- ✓ Smoke-free policies for multi-unit housing



Interventions: Poverty

- ✓ Financial education for adults
- ✓ Child tax credit
- ✓ Child care subsidies
- ✓ Payday loan regulations
- ✓ Unemployment insurance
- ✓ Children's savings accounts



Interventions: Education



- ✓ Basic education & work training prog for hard-to-employ adults
- ✓ Career academies
- ✓ Dropout prevention programs
- ✓ Targeted truancy interventions
- ✓ Early Head Start
- ✓ Families and Schools Together (FAST)
- ✓ Full-day kindergarten
- ✓ GED certificate programs
- ✓ Health career recruitment for minority students



Interventions:

Housing/Transit

- ✓ Mixed-used development
- ✓ Public transportation systems
- ✓ Safe routes to school
- ✓ Traffic calming
- ✓ Walking school buses



Comprehensive risk reduction sexual education

Evidence Rating



Scientifically Supported

Health Factors

Sexual Activity

Decision Makers

Educators

Government

Nonprofit Leader

Comprehensive risk reduction programs provide information regarding contraception and protection against sexually transmitted infections (STIs). They are also sometimes called abstinence-plus programs, as many programs emphasize abstinence and delayed initiation of sex in addition to broader risk reduction components. Such programs can take place in schools (e.g., as part of the health curriculum) or in community settings; program components vary by implementer and specific model.

Expected Beneficial Outcomes (Rated)

- Reduced risky sexual behavior

Other Potential Beneficial Outcomes

- Increased condom use
- Increased use of contraception
- Reduced sexual activity
- Reduced teen pregnancy
- Reduced incidence of STIs

Dropout prevention programs

Evidence Rating



Scientifically Supported

Health Factors

Education

Decision Makers

Philanthropy and Investors

Educators

Nonprofit Leader

Dropout prevention programs provide at-risk students with specific supports such as mentoring, counseling, vocational or social-emotional skills training, college preparation, supplemental academic services, or case management. Such programs are frequently multi-service interventions and may include attendance monitoring, sometimes with financial rewards or sanctions. Dropout prevention programs can undertake comprehensive changes to high school environments such as restructuring schools into smaller learning communities, or offering alternative schools. Such programs can be delivered in school or community settings and can focus on individual at-risk students or on entire schools with low graduation rates ([CG-TFR Education, IES WWC-Dynarski 2008](#)). As of 2014, 9% of 25- to 29-year-old Americans did not graduate from high school ([US Census-Education 2014](#)).

Expected Beneficial Outcomes (Rated)

- Increased high school graduation

Other Potential Beneficial Outcomes

- Reduced absenteeism

Additional Resources for Local Interventions



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Overview

HOME > COMMUNITY BENEFIT > OVERVIEW

COMMUNITY BENEFIT OVERVIEW

Community benefits are programs and services designed to improve health in communities and increase access to health care. They are integral to the mission of Catholic and other not-for-profit health care organizations, and are the basis of tax exemption. For nearly 20 years, CHA has been a leader in the community benefit field, helping not-for-profit health care organizations fulfill their community benefit mission.

Learn more

What Counts as Community Benefit Q & A

What's New in Community Benefit

Quick Look at Social Determinants of Health



SUMMARY



1. Where we live matters to our health
2. Health is more than health care
3. Promoting good health requires more than efforts from health sector



THANK YOU

Any questions?

You can connect with me at: gpezzino@khi.org

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