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Use of the County Health Rankings by Local Health Departments in Florida, 2010 - 2011

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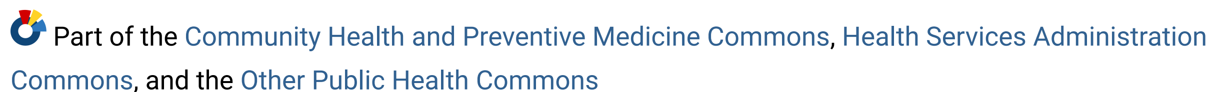

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Use of the County Health Rankings by Local Health Departments in Florida, 2010 - 2011

Abstract

This paper describes how local health departments (LHDs) in Florida used the County Health Rankings over the first two years of their release (2010 – 2011). We surveyed LHD leadership to describe if, how and to what extent the Rankings were used by Florida's 67 LHDs to improve the health of their communities and describe changes in use from the 2010 to the 2011 release. Our results indicate substantial use of the Rankings by Florida's LHDs, particularly as applied to community health assessments, staff education, as a starting point for examining other indicators and databases, and in grant applications. From 2010 to 2011, we found significant increases in LHD use of the Rankings to build broad multisectoral community involvement in the solution of community health problems. However, media engagement with the Rankings appears to have decreased with time. A primary implication for public health practice is the apparent utility of the Rankings as a tool for community organizing around public health issues and communicating the multifactorial nature of health.

Keywords

PHSSR, public health services and systems research, county health rankings, local health departments, community health, public health systems, public health practice-based research networks

Cover Page Footnote

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Introduction

The County Health Rankings (Rankings) are conceived of as a "call to action" to mobilize the local public health system to address place-based inequities in health at both the programmatic and policy levels. The Rankings rank each county in all 50 states on health outcomes (morbidity and mortality) and four health factors: health behaviors; clinical care; social and economic factors; and the physical environment. The social determinants of health figure prominently in the approach and draw attention to upstream factors, or factors not routinely associated with health by those outside the public health arena.[1]

In Wisconsin, the Rankings have been evaluated annually since they were developed there in 2003.[2] Results from the 2006 Wisconsin Rankings Survey indicated that local practitioners found the Rankings useful in public health work, particularly in educating and informing county board members and other policy makers; educating and engaging community partners; identifying program targets; performing needs assessments; and stimulating public discussions. Additionally, through an internet search, broad media coverage across the state was reported, although only 27% of respondents to the survey (local health officers and regional epidemiologists) reported that they had issued press releases.[2]

At the national level, the Rankings have been released annually for the last three years (2010, 2011, 2012), however, how communities use the Rankings has not been externally evaluated or evaluated outside of Wisconsin. We surveyed local health department (LHD) leadership in Florida to describe if, how and to what extent the Rankings have been used by Florida's 67 LHDs to improve the health of their communities and describe changes in use from the 2010 to the 2011 release.

Methods

We developed a survey (Rankings Survey) based on existing instruments including the NACCHO profile survey[3] and the University of Wisconsin Population Health Institute's internal evaluation tool and items created specifically for this study. The survey was vetted by an expert panel and cognitive interviews were conducted to improve question comprehension. The Rankings Survey was distributed electronically to all Florida County Health officers over the time period December 2011 – February 2012. In this report we focus on measures related to use.

Measures

The following use measures were defined:

Use: Participants indicated (Yes/No/Not Applicable) if they had used the Rankings in any one of 10 possible ways including: issue a press release; give presentations to community groups; give interviews to local media; use the Rankings in grant applications; educate staff around interpretation of the Rankings; search for and/or access other data/databases to get more information on specific indicators; convene existing stakeholders to discuss results; create or reinvigorate a task force to discuss results; develop partnerships across multiple sectors to respond to the report; or collaborate with other community health groups to use the Rankings. These measures were reported for 2010 and again separately for 2011.

Community Health Assessment (CHA): Participants were asked to indicate (Yes/No/We have not completed a CHA since the Rankings were released) if they had incorporated results from the Rankings into their most recent CHA. Participants indicating they had not completed a CHA since the Rankings were released, were asked if they intended to incorporate the Rankings into their next CHA.

Community Health Improvement Plan (CHIP): Constructed as for the CHA.

Analyses

Simple statistics (frequencies) were calculated to describe the ways LHDs used the Rankings. Means were calculated for *Use* and paired, two-tailed, t-tests were used to test for statistically significant change in use of the Rankings from 2010 to 2011.

Results

Health officers representing all 67 Florida LHDs completed the survey for a 100% response rate. Three LHDs (4%) reported they were not familiar with the Rankings and were excluded from further analyses. Our results indicate substantial use of the Rankings by Florida's LHDs. With the first release of the Rankings in 2010, LHDs reported (Table 1) they were most likely to use the Rankings to educate staff (77%) and look for and/or access other data (67%). More than half of the respondents also gave interviews to local media (58%) and issued press releases (53%). Less than half, but a substantial number of LHDs, indicated they used the Rankings to collaborate with other community health groups (44%), convene existing stakeholders to discuss results (42%), and give presentations to community groups (41%). Forty-one percent used the Rankings in grant applications. Fewer LHDs reported using the Rankings to create or reinvigorate a task force (25%) or develop multisectoral partnerships to respond to the report (22%).

Close to 75% of LHDs had completed a CHA since the Rankings were released. Approximately 60% had incorporated the Rankings into the assessments, while 14% had not. Of those LHDs who had not completed a CHA, 23% intended to incorporate the Rankings into their next CHA (only 1.6% indicated they did not). Similar results were obtained for the CHIP, although far fewer had completed the CHIP.

Significant differences ($p < 0.05$) were apparent in 2011 (Table 1, Figure 1). Responding LHDs were more likely to create or reinvigorate a task force (42%), develop multisectoral partnerships (34%), and collaborate with other community groups to use the Rankings (55%) and less likely to issue a press release (41%).

Discussion

This is one of the first systematic descriptions of the ways the Rankings have been used by LHDs and the first to do so outside of Wisconsin. Results indicate that LHDs in Florida are using the Rankings and their use is changing over time. A substantial number, close to 85%, of communities are using/intend to use the Rankings as part of their CHA/CHIP activities. Results also illustrate how new information is diffused into practice. In 2010, LHDs used the Rankings most often in CHAs, to educate staff around interpretation of the Rankings, explore other data sources for information on specific indicators, and in grant applications. While LHDs continued to use the Rankings in these and other ways in 2011, they increasingly and significantly used them to build broad community support for the solution of public health problems, by collaborating with existing community health groups, creating or reinvigorating new groups, and developing multisectoral partnerships. This is consistent with results from the Wisconsin study, which indicated substantial use of the Rankings to educate and engage policymakers and community partners around the multiple factors that influence health.[2]

Although Florida practitioners reported issuing press releases more often than Wisconsin survey respondents, the decreased interaction with media among local practitioners in Florida from 2010 to 2011 is concerning. Media attention is an important element of the Wisconsin model to expand community appreciation for the determinants of health and community health

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improvement efforts.[2] Why reported media engagement diminished from 2010 to 2011 is not clear, but several possibilities are offered. First, this observation was based on just two data points. Several years of data are necessary to determine a trend. Second, the newsworthiness of a story is dependent on other concurrent community events, which have not been measured and may confound interpretation. Finally, release of the Rankings yearly may be too frequent to capture the attention of the media, or relatedly, too frequent to be fully addressed by local health departments.

This study had several limitations. First, data were self-reported and we cannot discount the possibility that participants responded in ways they perceived to be socially desirable. Second, our investigation may have influenced LHD use of the Rankings. Finally, the survey instrument has not been thoroughly evaluated.

Implications

A primary implication for public health practice is the apparent utility of the Rankings as a tool for community organizing around public health issues and communicating health inequities and the multifactorial nature of health. Florida LHDs appear to increasingly find them useful to build ownership of community health beyond the health department. We believe this is an important finding, given a recent emphasis on multisectoral partnerships to improve public health system performance.[4,5] Future research should continue to monitor LHD use of the Rankings over time in Florida and elsewhere. Evaluation should also examine the power of the Rankings to convey the importance of the social determinants of health and broaden the understanding of the scope of the public health system to non-health sector stakeholders. Particular attention should be placed on understanding the relationship between the frequency with which the Rankings are released and both media attention and LHD response capacity.

Summary Box

- This paper describes how local health departments (LHDs) in Florida used the County Health Rankings over the first two years of their release (2010 – 2011). We surveyed LHD leadership to describe if, how and to what extent the Rankings were used by Florida's 67 LHDs to improve the health of their communities and describe changes in use from the 2010 to the 2011 release.
- Our results indicate substantial use of the Rankings by Florida's LHDs, particularly as applied to community health assessments, staff education, as a starting point for examining other indicators and databases, and in grant applications. From 2010 to 2011, we found significant increases in LHD use of the Rankings to build broad multisectoral community involvement in the solution of community health problems. However, media engagement with the Rankings appears to have decreased with time.
- A primary implication for public health practice is the apparent utility of the Rankings as a tool for community organizing around public health issues and communicating the multifactorial nature of health.

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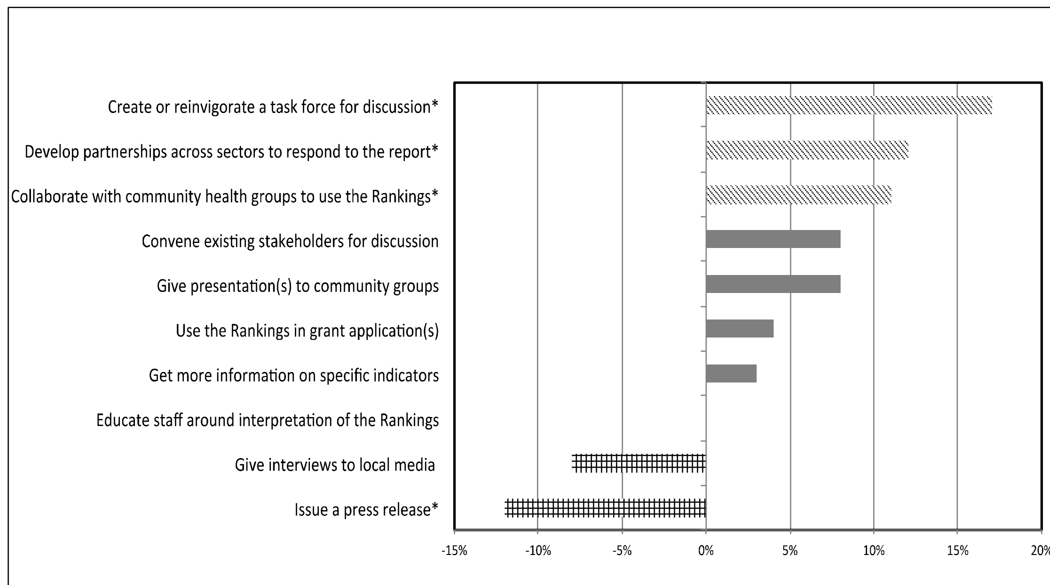
Table 1: County Health Rankings Use by Florida LHDs, 2010 – 2011

Use	2010			2011	
	n	%		n	%
Educate staff around interpretation of the Rankings	49	0.77		49	0.77
Search for and/or access other data/databases	43	0.67		45	0.70
Give interviews to local media	37	0.58		32	0.50
Issue a press release	34	0.53		26	0.41
Collaborate with other community health groups to use the Rankings	28	0.44		35	0.55
Convene existing stakeholders to discuss Rankings results	27	0.42		32	0.50
Use the Rankings in grant application(s)	26	0.41		29	0.45
Give presentation(s) to community groups	24	0.41		41	0.64
Create or reinvigorate a task force to discuss Rankings	16	0.25		27	0.42
Develop partnerships across multiple sectors to respond to the report	14	0.22		22	0.34

Figure 1. Difference in Percentage of LHDs using the County Health Rankings, Florida, 2010-2011



* Significant ($p < 0.05$)