The Power of Data for Healthy Communities

How can data illuminate health gaps and be a powerful tool for change?

Local health data are a powerful tool to help everyone in a community better understand the health of their neighborhoods—and provide a clear picture of the biggest health challenges and opportunities its residents experience. Local health data can serve as a rallying point and common platform to help residents, community leaders, policymakers, and advocates come together to set common goals for improvement and drive change.

By analyzing data, we can tell a story about a community. Too often, these analyses reveal that not everyone in a community has access to the same opportunities to be healthy. Local health data illuminate where there are gaps, where some people and places are cut off from opportunities to be healthy, and where we can all come together to take action.

The Robert Wood Johnson Foundation supports multiple efforts to provide community leaders and residents with local health data, as well as data about the drivers of health at the state, county, city and census tract levels. These data resources allow communities to uncover health challenges, better target resources, and measure progress toward assuring a fair and just opportunity for health.
**500 Cities**
[https://www.cdc.gov/500cities/](https://www.cdc.gov/500cities/)

500 Cities provides an easy-to-use picture of 27 measures of health including unhealthy behaviors such as smoking rates, health outcomes including coronary heart disease, and prevention practices including mammogram screenings, all at a level of detail not available before within the nation’s 500 largest cities. Interactive maps show where chronic conditions overlap by census tract.

**How to use 500 Cities:**
Health officials, local leaders, and advocates can use these data to identify health issues within a city, neighborhood, or even more localized tract. This helps them determine priorities and target health improvement efforts where the biggest gaps or inequities exist.

**City Health Dashboard**

The City Health Dashboard is a one-stop online resource featuring data for 36 measures of health and well-being at the city level for the 500 largest cities in the United States. Similar to 500 Cities, the Dashboard provides data at the census tract level for select measures, such as unemployment and physical activity. What sets it apart is its additional focus on the many community-level factors that shape health, such as housing affordability, unemployment, children in poverty, and access to nutritious foods. The City Health Dashboard also allows users to see correlations between certain measures and to compare their cities with other similar-sized cities.

**How to use the City Health Dashboard:**
City leaders, community organizations, advocates, and others can use the City Health Dashboard to pinpoint neighborhoods within their cities that are experiencing better or worse health outcomes—and to explore what is contributing to those differences. City Health Dashboard users are then encouraged to consider successful strategies from around the country to drive change. Dashboard users can also set realistic goals and benchmarks for their cities by comparing their cities to others that share similar characteristics. The Dashboard’s features, including its set of 36 key metrics, such as opioid-related deaths and walkability, help city leaders place health at the center of decision-making.

**County Health Rankings & Roadmaps**
(Updated annually in March)

The County Health Rankings & Roadmaps are intended to support local communities in their journey to create health for all—measuring 35 factors that impact health, including high school graduation rates, obesity, housing, unemployment, access to healthy foods, children in poverty, and income inequality in nearly every county in America. The annual Rankings provide an easy-to-use snapshot that shows where we live influences how well and how long we live.

**How to use the County Health Rankings & Roadmaps:**
Leaders and advocates can use the Rankings to identify where their county is doing well and identify and prioritize their community’s health needs. The Take Action Center and What Works for Health resources can help users take action and develop solutions to improve health by offering tools, guidance, and a database of nearly 400 evidence-informed policies and programs.
The Health Opportunity and Equity (HOPE) Initiative
http://www.nationalcollaborative.org/our-programs/hope-initiative-project/

The HOPE Initiative’s measures offer a unique look into the effects of 28 indicators that influence health at the state and national level broken down by race, ethnicity, and socioeconomic status. HOPE’s measures provide a better understanding of what barriers stand in the way of equity and opportunity for specific groups and how states can tailor strategies for those most in need.

**How to use HOPE’s Measures:**
State leaders and advocates can use HOPE to ask, “What are other states doing right on creating equity and opportunity, how did they get there, and what might I do differently in my state?” These data show where babies are more likely to live past their first birthday, where residents can more easily access a doctor, where air quality is healthier, or where young children are more likely to enroll in pre-K.

Opportunity Atlas
http://www.opportunityatlas.org/

The Opportunity Atlas traces the actual outcomes of 20 million Americans from childhood to their mid-30s to show how where you live impacts opportunities for upward social mobility. An interactive map provides detailed research on the roots of today’s affluence and poverty for every census tract in the U.S., allowing users to take a long-term and intergenerational view of how adult outcomes are shaped by income, community, family and race during childhood.

**How to use the Opportunity Atlas:**
Policy makers, practitioners, and the public can use the tool to look within their city to better understand where opportunity exists, what barriers stand in the way of economic mobility, and how each neighborhood shapes a child’s future economic and educational success.

United States Small-Area Life Expectancy Estimates Project (USALEEP)
https://rwjf.org/lifeexpectancy

USALEEP data—which measure life expectancy at birth for every census tract in the country—show that people living just a few miles apart may have vastly different chances of living a long life. This is the first public health outcome measure available nationwide at the census-tract level. On average, census tracts include 4,000 people who typically have similar characteristics such as social and economic status.

**How to use USALEEP:**
Life expectancy at birth estimates can help public health officials, local leaders, and community members to locate disparities in life expectancy at birth among population groups, start conversations about what is causing these disparities, and guide decisions on how to improve their community’s health.
### 500 Cities

**City Health Dashboard**

The City Health Dashboard data extend beyond the disease and prevention focus of 500 Cities to incorporate community-level context variables that equally shape health, including a city’s walkability and food environment, poverty and crime rates, air quality and housing affordability.

**County Health Rankings & Roadmaps**

The County Health Rankings & Roadmaps provide a snapshot of how health is influenced by where we live, learn, work, and play at county and (aggregated) state levels.

**HOPE Initiative**

HOPE Initiative identify national and state progress toward achieving equity in health and the determinants of health by race, ethnicity, and socioeconomic status.

**Opportunity Atlas**

The Opportunity Atlas traces the actual outcomes of 20 million Americans from childhood to their mid-30s for every census tract in the U.S. Each estimate is specific to a selected group of children, born between 1978-1983, from each tract, defined by their race, gender, and parental income level.

### Geographies

497 of the largest cities in the U.S., plus the largest cities in VT, WV, and WY to represent all 50 states; data for 28,000 census tracts are also provided.

500 largest cities in the U.S. (populations of 70,000 or more)

3,142 counties (nearly all) in the U.S. and the District of Columbia (2018 release); Federal Information Processing Standard (FIPS) county codes are included for all entities.

National, 50 states and the District of Columbia; local applications in three test communities

All 70,000 census tracts in the U.S.

Nearly all census tracts in the U.S.

### Updated

Annually

Annually

Annually

Annually

TBD

### What’s Measured

#### Healthy Outcomes:

- **Social and Economic Factors:**
  - children in poverty, high school graduation, excessive housing cost, income inequality, unemployment, violent crime, third-grade reading proficiency, and social associations and parenting patterns, and drinking water violations

- **Health Environment:**
  - lead risk due to housing age, access to healthy foods, walkability, air pollution, and park access

#### Health Behavior:

- **Social and Economic Factors:**
  - high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime, and injury deaths

#### Physical Environment:

- **Social and Economic Factors:**
  - smoking, alcohol-impaired driving deaths, sexually transmitted infections, and teen births

- **Health Outcomes:**
  - premature death, poor or fair health, poor physical and mental health days, and low birthweight

#### Clinical Care:

- **Social and Economic Factors:**
  - hospital inpatient, child health status, infant mortality, low birthweight, mental health status, and premature mortality

- **Socioeconomic Factors:**
  - poverty concentration and crime rates

- **Access to Health Care:**

#### Life expectancy estimates are summary measures that are based on the number and age of death of the residents in each census tract during the years 2010-2015. These estimates are calculated by constructing a life table for each census tract. The life tables are computed using death certificate data collected by state vital statistics offices and population estimates from both the 2010 U.S. Census and the 2011-2015 American Community Survey.