Building a Culture of Health, County by County

Summary of Criteria for Selecting or Revising County Health Rankings Measures

CHR&R Program Goals/Objectives & Innovating to Meet Community Needs	Technical/Analytical Feasibility
• The measure reflects important aspects of population health that can be improved (modifiable factors)	• The measure and its association to health are scientifically supported in the literature and/or by analysis of <i>CHR</i> data
 The measure and its association to health can be effectively communicated to the media, communities, and other key audiences 	 The measure draws from data that are available at the county level
• With the mindset that fewer measures are better than more, any new measure must bring <i>added</i>	 The measure draws from data sources that are valid, reliable, recognized and used by others
value without diluting the model	 The measure has been tested and used by others in the field
 Measures for health outcomes will generally not be changed to ensure consistency, but measures for factors can be expanded, pared, or revised. 	 The measure draws from data available for nearly all counties nationwide and puts the interests of counties and states ahead of
 New measures must fall within one of the factor areas in the model. 	national coverage (i.e. – the ideal is not to have missing data clustered within a particular state)
• The measure speaks to a current or emerging health issue that <i>CHR&R</i> could/should engage in and has the potential to make CHR&R more	 Data to populate the measure have a short time lag (recently available within the past 3-5 years)
relevant to a strategic new set of partners	 Data to populate the measure will be collected regularly (ideally annually but at least every 3-5
 The metric is a more precise measure of the intended construct and/or refines the construct 	years) and made public by the data stewards
dimensions based on improved understanding of its relation to health (e.g., <i>CHR</i> measures community safety with injury deaths because a	 Data to populate the measure are available for free or at low cost
more proximal measure is unavailable)	 The measure can be ranked (e.g., it has ordinal value)
 The measure keeps CHR&R aligned with other metric initiatives (e.g., America's Health Rankings) 	 The measure can be broken down by geographic or population subgroups
• The measure will advance efforts to address health equity	







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