

Overview (Models) – Institute of Medicine - Proposed Indicators for a Community Health Profile

“To promote community use of health profiles, the [IOM] committee is proposing a basic set of 25 indicators [see below]. They provide descriptive information on a community’s demographic and socioeconomic characteristics and highlight important aspects of health status and various health determinants, including behavior, factors in the social and physical environments and health care. Some of the indicators include multiple measures within a broader category (e.g., causes of death and incidence of infectious diseases).” [Source: [Improving the Health of the Community: A Role for Performance Monitoring.](#)]

Sociodemographic Characteristics

1. Distribution of the population by age and race/ethnicity.
2. Number and proportion of persons in groups such as migrants, homeless or the non-English speaking, for whom access to community services and resources may be a concern.
3. Number and proportion of persons aged 25 and older with less than a high school education.
4. Ratio of the number of students graduating from high school to the number of students who entered 9th grade three years previously.
5. Median household income.
6. Proportion of children less than 15 years of age living in families at or below the poverty level.
7. Unemployment rate.
8. Number and proportion of single-parent families.
9. Number and proportion of persons without health insurance.

Health Status

10. Infant mortality rate by race/ethnicity.
11. Number of deaths or age-adjusted death rates for motor vehicle crashes, work-related injuries, suicide, homicide, lung cancer, breast cancer, cardiovascular diseases, and all causes, by age, race and gender as appropriate.
12. Reported incidence of AIDS, measles, tuberculosis and primary and secondary syphilis, by age, race and gender as appropriate.
13. Births to adolescents (ages 10-17) as a proportion of total live births.
14. Number and rate of confirmed abuse and neglect cases among children.

Health Risk Factors

15. Proportion of 2 year-old children who have received all age-appropriate vaccines, as recommended by the Advisory Committee on Immunization Practices.
16. Proportion of adults aged 65 and older who have ever been immunized in the past 12 months for influenza.
17. Proportion of the population who smoke, by age, race and gender as appropriate.
18. Proportion of the population aged 18 and older who are obese.
19. Number and type of U.S. Environmental Protection Agency air quality standards not met.
20. Proportion of assessed rivers, lakes and estuaries that support beneficial USES (e.g., fishing and swimming approved)

Health Care Resource Consumption

21. Per capita health care spending for Medicare beneficiaries (the Medicare adjusted average per capita cost [AAPCC]).

Functional Status

22. Proportion of adults reporting that their general health is good to excellent.
23. During the past 30 days, average number of days for which adults report that their physical or mental health was not good.

Quality of Life

24. Proportion of adults satisfied with the health care system in the community.
25. Proportion of persons satisfied with the quality of life in the community.

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Selection of Community Health Profile Indicators

“The committee’s selection of indicators reflects consideration of several factors. Measures were sought that would be relevant across a broad range of communities. Recognizing the diversity among communities in health needs, priorities and resources, the committee selected a limited number of indicators that could be expected to be widely applicable. The list draws extensively from the “consensus set” of indicators for assessing community health status (CDC, 1991) that was developed in response to *Healthy People 2000* Objective 22.1. This objective calls for developing a set of health status indicators appropriate for use by federal, state and local health agencies and implementing them in at least 40 states by the year 2000 (USDHHS, 1991). The committee gave these indicators a high priority because they and *Healthy People 2000* have had an important influence on community health assessment activities since 1991. The committee agreed, however, that the consensus indicators per se were not sufficient to constitute an adequate community health profile.”

Suggested Community Health Improvement Process

Source: Institute of Medicine – Improving Health in the Community A Role for Performance Monitoring

