HPIO *Health Value Dashboard*
Metric selection criteria
Finalized at 2/11/16 Health Measurement Advisory Group Meeting

General approach: *The Dashboard is intended to assess progress toward improved health value in Ohio over time. For this reason, metrics included in the Dashboard should be as consistent as possible across editions. We will use the criteria listed below to consider any changes that may need to be made to the list of metrics. We will not increase the total number of metrics (any new metrics will need to replace existing metrics).*

Overall, the set of metrics included in the Dashboard should follow a life course perspective, addressing all stages of the life course, including a balance of metrics that assess outcomes and conditions for children and adults.

Criteria for updating the *Dashboard* (2017 edition)
Changes from 2014 criteria in italics

Rigor	1. **Source integrity**: The metric *continues to be* nationally recognized as a valid and reliable indicator and the data are provided by a reputable national organization or state or federal agency. *Consider changing or replacing the metric if it has been replaced or updated by a credible national organization.* 2. **Data quality:** The data are complete and accurate. The data collection method is the best available for the construct being measured (e.g., biometric, self-report, administrative) and the metric is valid and reliable. *Consider changing or replacing the metric if a new metric has been introduced that is more precise or has higher-quality data to measure the same construct.*
Relevance	*3.* **Relevance:** The metric *continues to address* an important health-related issue that affects a significant number of Ohioans. *Consider replacing a metric only if it has become less relevant and the new metric assesses a significant or emerging health issue.* *4.* ***New evidence:*** *Consider replacing a metric if new evidence has become available about a factor that influences health.* *5.* **Face value:** The metric is easily understood by the public and policymakers. *6.* **Alignment:** Aligns with an existing requirement, performance measure, program evaluation indicator, or other measures currently being compiled by a state or federal agency (e.g., ODH, OHT, ODE, CMS, HHS, AHRQ), national organization (e.g. Catalyst for Payment Reform), or regional project (e.g., Health Collaborative, Healthcare Collaborative of Greater Columbus, Better Health Greater Cleveland). Does not add data collection burden to stakeholders. *Preference given to metrics listed in the report,* Improving population health planning in Ohio *(pages 39-46).* *7.* **Sub-state geography:** *Preference given* to metrics for which data are available at the regional, county, city, or other geographic level within Ohio, *particularly metrics that are included in County Health Rankings, Network of Care and other sources easily accessible for local community health improvement planning.*

	8. **Ability to track disparities:** *Preference given* to metrics for which data are available for sub-categories such as race/ethnicity, income level, age, or gender.
Reality	9. **Feasibility.** Data for the metric are available at no or a reasonable cost to HPIO and require minimal analysis to be presented in a dashboard format. 10. **State-level data that can be ranked:** Statewide data *continue to be available* for Ohio and other states. *Preference given to metrics that can be ranked (e.g. have an ordinal value, comparable state-level data and consensus among stakeholders on desired direction.). Preference given to metrics for which data for fewer than 10 states is missing.* 11. **Availability and consistency:** *Metric definition and data for the metric are unchanged from the last version of the Dashboard. In addition,* there is a high probability that data for this metric will continue to be gathered in the future and will be provided in a relatively consistent format across time periods. 12. **Timeliness:** *More recent data is available for the metric than was in the 2014 edition of the Dashboard.* Data for this metric is released on a regular basis (at least yearly or every other year). *Preference given to metrics with a short time lag (recently available data within past 3 years).* **13. *Variation across states:*** *There is meaningful variation across states, indicating "room for improvement."*

Guiding principles for developing a balanced set of metrics within each domain
The goal was to develop a stream-lined set of measures that addresses an appropriate variety of constructs and balances the following characteristics:

1. Process and outcome indicators
2. New/innovative measures and traditional measures with extensive trend data over time Metrics that can likely be improved in the short-term (1-3 years) and those that will take much longer to impact (4+ years)
3. Overall population and specific populations (e.g., Medicaid, Medicare, adult/child)

Additional criteria to be assessed by HPIO
Accessibility, efficiency and feasibility: Data must be publicly available or can be provided by initiative partners at low or no cost. Data require minimal analysis to be presented in a dashboard format.