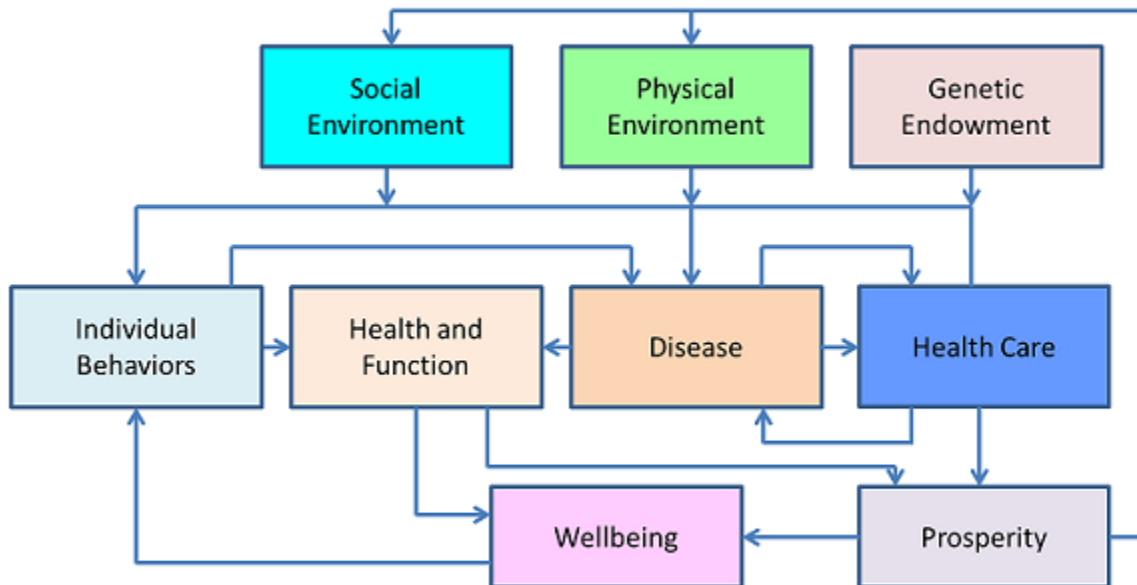


CHSI 2015 Organization and Key Terms

CHSI 2015 Indicator Organization

CHSI 2015 indicators are organized in categories adapted from a population health framework originally developed in 1990 by Evans and Stoddart.

Evans and Stoddart Framework of Determinants of Health



Source: Evans R.G. & Stoddart, G.L. (1990). Producing health, consuming health care. Soc Sci Med. 31(12), 1347-1363

A population health framework can be used to promote healthy communities by emphasizing the upstream **social factors** and **physical environments** that can be modified to positively influence **health behaviors**. It can also be used to help shift attention from treating sick people to addressing the upstream health associated factors to prevent the development of diseases and health disparities and promote wellbeing.

The CHSI 2015 category of **health outcomes** includes specific indicators of **mortality** and **morbidity**, which represent the aggregate disease burden in a community.

The CHSI 2015 indicators that have the potential to influence health outcomes include **health care access and quality**, **health behaviors**, **social factors** and **physical environments**.

CHSI 2015 does not include a category of genetic endowment because genetic factors are not typically modifiable.

CHSI 2015 Key Terms

Categories of Indicators

- **Mortality** indicators provide measures of how long people live and the number of deaths in a population within a defined time span. To enable comparisons among peer counties, the CHSI 2015 mortality indicators are age-adjusted, meaning that the indicators show what the mortality rate would be if all counties had the same age distribution.
- **Morbidity** indicators provide measures of any departure, subjective or objective, from a state of physiological or psychological well-being at a point in time or within a defined time span. Morbidity is usually measured as the percentage of the population with a given condition or the rate of new cases within the population.
- **Access to Health Care** - refers to the ease with which an individual can obtain needed medical services.
- **Quality of Health Care** - describes whether the delivery of clinical care, including inpatient, outpatient, and diagnostic services, is appropriate, safe, and timely.
- **Health Behaviors** - include choices about lifestyle or habits known to influence health outcomes. These lifestyle choices are often responses to incentives or stimuli from social or physical environments.
- **Social Factors** - are economic and social conditions that may directly or indirectly influence the health of people and communities. These conditions are shaped by the amount of money, power, and resources that people have, all of which are influenced by policy choices.
- **Physical Environment** - includes the natural environment (air, water, and soil) and the built environment (safe and affordable housing, transportation, access to nutritious and affordable food). The physical environment may directly affect health as well as influence choices and health behaviors.

Health determinants include the range of personal, social, economic, and environmental factors that influence health status. The indicators included in CHSI were chosen based on evidence that they may have an important influence on health outcomes. Inclusion does not imply strength of scientific evidence which varies across the factors and the exact ways in which they affect health is not always apparent.

Social Determinants of Health - The World Health Organization (WHO) defines social determinants of health as the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. (See also, Social Determinants of Health Key Concepts, [World Health Organization](#))

Demographics describe important characteristics of a county's population.



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