

Core Indicators For Public Health In Ontario

Core Indicators Work Group

Date:	January 20, 2011 1:30 PM to 3:30 PM
Location:	Teleconference
Attendees:	Brenda Guarda; Joann Heale; Shanna Hoetmer; Gillian Lim; Ahalya Mahendra; Cameron McDermaid; Mary-Anne Pietrusiak; Suzanne Sinclair; Julie Stratton; Mary Kathryn Tighe; Brenda Wannell
Regrets:	Sue Bondy; Luanne Jamieson; Sherri Deamond; Jennifer Skinner
Chair:	Shanna Hoetmer
Recorder:	Cameron McDermaid

Minutes

	Item	Action
1.0	Review of Agenda Reproductive Health moved up in the agenda because MAP may have to leave the call early. Agenda accepted.	
2.0	Review of Minutes October 19, 2010 <ul style="list-style-type: none"> - Item 7.6 "Alexandra" should be changed to Ahalya. - Item 4.1 confirmed the name Jostein Algroy. Minutes: Approved	Cam revised October 19 minutes
3.0	Business Arising	
3.1	Introductions Mary Kathryn Tighe from OAHPP is working on contract until the end of March. One project is a Core Indicators project – APHEO had initially offered for secondment position but was not able to fill it. Mary Kathryn will be able to work on some of the projects of high priority for completion. There was an introduction from all the members of the group in attendance.	
3.2	Teleconference support and scheduling All the subgroup leads should submit a schedule for meetings in 2011 to Shanna Hoetmer to allow reservations of the teleconference line.	Subgroup Leads to submit teleconference schedules to Shanna
4.0	New Business	
4.1	Alignment of the Core Indicators to the Ontario Public Health Standards and Data Gaps resources Mary Kathryn Tighe: Alignment of OPHS; data gaps, life tables worksheet, standardization of survey methods. Hoping to get feedback from whole group on format, content, and how to bring it all together. Circulated document: Just getting started with this document and trying to see where the core indicators align with OPHS. A few questions: What type of gaps and how should I be looking for them? Is there any previous work that has been done by APHEO not on the website? With the old alignment document, how useful was the inclusion of data sources?	Mary Kathryn will update at next meeting

	<p>Comments: (attributed where possible)</p> <ul style="list-style-type: none"> - Including data sources along with the indicators will be very important for one-stop-shopping - There may also be appropriate databases that are used currently or as additional information – larger databases such as provincial or national datasets may not be applicable to a local indicator but are also relevant [and provide a point of contrast]. - One idea was that for format – indicators along the left are hyperlinked for example to more details - CM: is the intent to solely align the indicators with the OPHS or to prioritize or de-prioritize indicators based on concordance? - MAP: Idea behind the table is to ensure coverage of the OPHS. The original alignment tables have specific tables – much easier to align core indicators because they matched. With the OPHS, this is remapping the old framework. Helpful to examine where the requirements do align and you can see the gaps. - BG: wondering if the matrix is showing whether we're on the right track with the indicators: ie. Should we be looking more along the lines of feedback from health units about the utility of specific indicators? - Data sources question is important – another dimension within the matrix for example. See where the emphasis is (e.g. CCHS, RRFSS) – totally different data sources with others. Can be incorporated into the matrix somehow. - More feedback from health units – some indicators may fall under a category but is it insufficient for program planning and evaluation (e.g. vegetable and fruit consumption for health eating). Another example, there are indicators around healthy weights – are they the best indicators? May get more into measures and what measure is most useful. - Gaps = additional indicators where the columns (OPHS) have no corresponding indicator. Some sections have a lot of gaps, others do not. - Reproductive health has some proposed that may be added in but are not on the list. - The Built Environment is being mapped out specifically along OPHS. - Data sources: you could use a legend. - Including data from population health assessment and surveillance protocol as a different table. <p>No other feedback at this time. Update at next meeting.</p>	
5.0	Subgroup Reports	
5.1	<p>Social Determinants of Health Cameron McDermaid Luanne and Cam are the new co-chairs</p> <ul style="list-style-type: none"> - About 5 indicators are complete and have solicited for internal reviewers from the APHEO membership - Looking for new membership 	

	<ul style="list-style-type: none"> - Once the old indicators are complete, an evaluation against OPHS will be done and then a consideration of new indicators 	
<p>5.2</p>	<p>Reproductive Health Mary-Anne Pietrusiak</p> <ul style="list-style-type: none"> - Making some progress. A few issues have been raised with the existing indicators: <ul style="list-style-type: none"> o Exclude birth weight <500g – not going to recommend those exclusions; consultation with external key informants was done. Mortality indicators are more closely linked and you cannot exclude these groups if they are not measured (e.g. there is a link between the birth weight <500g indicator and infant mortality). o Discussion paper including this decision and others, with the rationale for the recommendations. - Needed some new members – call out and had a good response and 5 new members joined - Continuing to work on new indicators: <ul style="list-style-type: none"> o Small/large for gestational age o Weight gain in pregnancy/maternal obesity – through BORN hopefully/they are working on collecting maternal height weight at delivery. - Q: data dictionary review for BORN – will people from the subgroup be involved? MAP: No – there are those who are more involved in the BORN build with much more of a say. Public health is not really at the table yet apart from access. Some PH elements may be incorporated but it is some time away. - Q: gestational weight gain indicator. Are there timelines or have you started? MAP: further down to-do list because it does not exist at the moment until we know what is in the dataset from BORN. - MAP geography issue: bigger workgroup issue – relates specifically to the maternal health indicators – email sent dtd - Basic Categories wording for “geography”: need to apply to intelliHEALTH dataset. The group is proposing public health unit level as well as smaller areas of geography. Different labels for different areas. BG: think it is a good suggestion. We should recommend stratification. AM: Within Built Environment we are looking at geography slightly differently – would it work for all indicators and what would their effect be? Discussion followed whether the <i>Basic Categories</i> section of the indicator referred to the indicator or the dataset which informed it. MAP: Part of the consideration is it would vary the level of analysis – one of the points was that there are a lot of health units that are moving to small area geography analysis below PHU level. This is meant to direct the indicator in that direction. 	<p>Mary-Anne to look at a modification to the scope statement of the Basic categories section and report back</p>

5.3	Infectious Disease Mary-Anne Pietrusiak for Sherri Deamond <ul style="list-style-type: none"> - Most of the work has wrapped up. Waiting on the Ministry for some things but the work is almost done. 	
5.4	Injury and Substance Misuse Suzanne Sinclair <ul style="list-style-type: none"> - Has held a couple of meetings - Currently discussing ICD 10 codes for injury; what coding should differentiate categories? - Working on adolescent drug use and suicide indicators - Request from OAHPP to meet subgroup in February. - Q: SH: Finding that MVC reports cannot run from intelliHEALTH (timing out). Any thoughts on if it is possible to have datacube that would be easier to query? JAH: Cannot build a cube because they are external causes – needs count distinct and you cannot put that into a cube. Predefined reports will generate the same product. One of the problems is how the queries are being structured – a predefined report will run more efficiently. There are runtime performance issues which hopefully will be resolved with the new SAS version. Cannot move to that until all the data sources are migrated to Oracle in approx. 2 months. 	
5.5	Healthy Eating and Active Living Jennifer Skinner sent email with progress Outstanding activities for HEAL: <ul style="list-style-type: none"> - Adolescent and Adult BMI indicator revisions (following the revised WHO guidelines) and CCHS Data Sources document. - - Addition of Acknowledgements section to previously revised (HEAL) indicators. Outstanding activities for CIWG: <ul style="list-style-type: none"> - The Food Insecurity indicator still requires at least one CIWG member to review it - it has already been through external review. - Information regarding which indicators are HEAL indicators in order to append Acknowledgements section, as well as information on contributors to specific HEAL indicators development (Shanna to provide). 	Shanna Hoetmer and Brenda Wannell to review Food insecurity indicator
5.6	The Built Environment Ahalya Mahendra <ul style="list-style-type: none"> - External reviewers have looked at directness of route, bike lanes and sidewalks. - BG had provided review on population density 	
6.0	Standing Items	
6.1	Operational Plan No update as yet. Deferred to next meeting.	Brenda Guarda to update operational plan.
7.0	Date, Time and Location of Next Meeting To be quarterly then plan an ad hoc as required.	Shanna to send proposed meeting dates.
	Adjourned 2:44 PM	