

## Core Indicators For Public Health In Ontario

### Core Indicators Work Group

<b>Date:</b>	October 24, 2011, 10:00 am to 12:00 pm
<b>Location:</b>	Teleconference
<b>Attendees:</b>	Sue Bondy; Sherri Deamond; Natalie Greenidge; Brenda Guarda; Shanna Hoetmer; Luanne Jamieson; Ahalya Mahendra; Cameron McDermaid; Mary-Anne Pietrusiak; Suzanne Sinclair; Jennifer Skinner; Julie Stratton
<b>Regrets:</b>	Gillian Lim; Brenda Wannell
<b>Chair:</b>	Shanna Hoetmer
<b>Recorder:</b>	Natalie Greenidge

### Minutes

	Item	Action
1.0	<b>Review of Agenda</b>	Sherri added item 4.2, APHEO Website Revision, to New Business.
2.0	<b>Review of Minutes from June 13, 2011</b>	Approved. Outstanding Action items from the June 13, 2011 meeting will be completed by the next CIWG meeting.
3.0	<b>Business Arising</b>	
3.1	<b>Welcome to Natalie Greenidge, Epidemiologist—Indicator Development, Public Health Ontario</b> Natalie will be supporting the CIWG in the development and revision of Injury Prevention, Reproductive Health, and Environmental Health core indicators. She will be with PHO until March 30, 2012.	
3.2	<b>WARFS Conference and Promotional Material</b> Ahalya presented an electronic poster at the WARFS conference outlining the work of the Built Environment (BE) subgroup. The presentation emphasized the importance of using a multidisciplinary approach when constructing BE indicators. Ahalya stated that the contribution of a municipal planner was invaluable. He promoted understanding of how environmental design, diversity and development affect health behaviours and encouraged the group to develop BE indicators at the street, neighbourhood, city and inter-city level. Ahalya stated that the group will most likely create composite indicators/indices to quantify complex issues related to the built environment and health. The BE work group aims to have indicators posted on the APHEO website by the end of December, 2011. “The Core Indicators for Public Health in Ontario” resource was made available at the APHEO booth during the WARFS conference. Shanna acknowledged the contribution of HKPR	<b>Ahalya</b> will circulate a copy of the presentation to CIWG members. <b>Shanna</b> will upload the presentation onto the “subgroup documents” section of the APHEO website. <b>Shanna</b> will post the “The Core Indicators for Public Health in Ontario” resource on the APHEO homepage.

	District graphics department in developing the pamphlet.	
<b>3.3</b>	<p><b>Child/Youth Indicator Report Project</b>  PHO has hired a contract epidemiologist, Sarah Collier, to work on the Child/Youth Indicator Report. A scientific advisory panel, chaired by Steve Manske and a stakeholder advisory panel, co-chaired by Anne Marie Holt have been assembled. Child/youth has been defined as ages 0 – 19. As such, reproductive health indicators will be included in the report. The CIWG will liaise with Sarah to ensure the child/youth indicators align with CIWG indicators.</p>	<p><b>Shanna</b> will circulate the child/youth indicator project “Scoping Document” to the CIWG once it has been finalized. <b>Natalie</b> will meet with Sarah on an ad hoc basis.</p>
<b>3.4</b>	<p><b>Public Health Agency of Canada – Public Health Scholarship and Capacity Building Initiative</b>  The Public Health Scholarship and Capacity Building Initiative, Public Health Workforce Development Products and Tools Contribution Program, is welcoming project applications to enhance capacity in the public health workforce through the development and demonstration of products and tools (<u>deadline of November 23</u>). The CIWG discussed the opportunity of submitting a grant proposal.  The four priority areas for the applications are:  1) Increased public health profile/visibility of public health  2) Access to workforce training and professional development opportunities  3) Development and implementation of competencies for public health practice  4) Evaluation of existing workforce development products and tools  Some of the ideas discussed included an evaluation of the Core Indicators, developing training opportunities, creating linkages with other provinces and organizations, improving the website.</p>	<p><b>Shanna</b> will send out a meeting request to Brenda, Sue, Mary-Anne and Natalie to discuss the opportunity further.</p>
<b>3.5</b>	<p><b>Core Indicators External Review Process</b>  Cam stated that external reviewers are typically solicited through a wide broadcast on APHEOlist and individuals external to APHEO may also be contacted. CIWG members stated that the definitions of “internal” and “external” review used in the past have been variable. For example, internal reviews have been conducted within a subgroup or within the CIWG. External reviews have been conducted external to the subgroup (e.g. the CIWG), external to the CIWG (e.g. the APHEO membership) or external to APHEO (e.g. targeted individuals who are experts in the field). A “Core Indicators Review Process” policy and procedure was drafted in 2008 but not finalized. Sherri stated that flexibility will be required in the P &amp; P as the review process should vary based on circumstances (e.g. a small subgroup may have to look outside of its membership for the initial/internal review. Also groups developing new indicators or using new data sources may need to solicit expert input in the development phase rather than only during the review process. Ahalya stated that the latter scenario was true for the Built Environment work group).</p>	<p><b>Natalie</b> will forward the draft policy and procedure document to the subgroup leads (Ahalya, Suzanne and Mary-Anne). <b>Natalie</b> will meet with subgroup leads to review the document.</p>

<p><b>3.6</b></p>	<p><b>Statistics Canada Website Archive</b>  Cam stated that he and members of the Social Determinants of Health subgroup had difficulty finding historical crime data on the Statistics Canada website. StatsCan now classifies data as 1) Current 2) Archived or 3) Legacy. Reports are automatically archived after a certain period of time (e.g. 2 years for “The Daily”). Legacy reports may be available by request and possibly for a fee. This will impact the core indicators as links to StatsCan reports embedded in documents may become inoperable.</p>	
<p><b>3.7</b></p>	<p><b>Locally Driven Collaborative Project on the Built Environment</b>  Ahalya provided some background on the LDCP. She stated that as the PHREDs were phased out, PHO developed a new model that provides funding to promote collaborative projects among public health organizations. KFLA public health unit has taken the lead in a LDCP on the Built Environment that includes York, Niagara and Oxford PHUs. The group was successful in their application for funding.</p>	
<p><b>3.8</b></p>	<p><b>Standards for Analysis</b>  <b>3.8.1 CCHS Peer Group calculations: Include/exclude the PHU of interest?</b> Brenda stated that she would like the CIWG to take the lead in developing standards of analysis that will be useful at the PHU level. Cam and Julie stated that in Ottawa and Peel, respectively, the PHU of interest is removed from the Ontario sample for purposes of comparison. Others in the group agreed that this may make sense for larger health units since including them in “Ontario” may dilute the differences. However, this then means that “Ontario minus the PHU” is not comparable with other sources. The decision to include/exclude also depends on the question to be answered (i.e. comparing the PHU of interest to Ontario vs. comparing the PHU of interest to all other PHUs).  <b>3.8.2 CCHS – DK/R/NS category – CIWG recommendation:</b> The current approach at StatsCan is to remove DK/R/NS. This practice varies from the RRFSS guidelines that specify including NS if &gt; 5%. Shanna stated that for York Region, the general practice is to remove DK/R/NS, but for some variables such as income where the non-response is very high, non-response is included as its own category.  <b>3.8.3. Release Guidelines:</b> Cam suggested developing an indicator resource outlining the release criteria for different data sources. Sherri stated that developing such a resource was previously discussed and may be in the operational plan. Several CIWG members suggested that forming a subgroup to address data analysis methods, such as those listed above, would be helpful.</p>	<p><b>Shanna</b> will check the operational plan to determine if development of a “Release Guidelines” document was previously added.  <b>Shanna</b> will broadcast on APHEOlist for volunteers for an “Analysis Methods” standing group.</p>
<p><b>3.9</b></p>	<p><b>BORN Ontario Representative</b>  Shanna stated that Nancy Ramuscak, a member of the Reproductive Health Work Group, is the APHEO representative on the BORN Stakeholder Group. Mary-Anne stated that Sherrie Kelly, an epidemiologist at BORN, is also a member of the Reproductive Health Work Group.</p>	

<b>4.0</b>	<b>New Business</b>	
<b>4.1</b>	<p><b>“Alignment of the Core Indicators to the Ontario Public Health Standards” and “Data Gaps” resources</b></p> <p>Shanna stated that these documents are nearing completion. The CIWG is awaiting feedback from the RRFSS Analysis Group which plans to discuss these resources during their meeting today. These resources are meant to be living documents. How the documents will be updated has yet to be determined, but may involve subgroups adding new indicators and making corresponding changes to the data gaps document as developments arise.</p>	<p><b>Natalie</b> will revise the documents once feedback is received from the RRFSS Analysis group.</p> <p><b>CIWG</b> will review the documents.</p> <p><b>PHO</b> will review the documents</p>
<b>4.2</b>	<p><b>APHEO Website Changes</b></p> <p>Sherri stated that a committee was struck to oversee website redesign. The proposal put forth to the APHEO executive:</p> <ol style="list-style-type: none"> <li>1) Update APHEOlist to a bulletin board with a searchable archive.</li> <li>2) Update the website design</li> <li>3) Redesign the APHEO logo</li> <li>4) Redesign navigational features of the website</li> </ol> <p>Sherri suggested that the organization of the Core Indicators component of the website should come from the CIWG. Also, the Core Indicators should be organized to reflect the Ontario Public Health Standards. Sherri suggested that Mary Kathryn's documents could be used as a template.</p>	
<b>5.0</b>	<b>Subgroup Reports</b>	
<b>5.1</b>	<p><b>Reproductive Health</b></p> <p>The work of the group is moving along. Natalie has begun posting documents. Gaps in the information available for BORN still exist, but will be filled in as available.</p>	
<b>5.2</b>	<p><b>Social Determinants of Health</b></p> <p>Cam stated that the group has experienced some membership loss. The group has also had some difficulty finding external reviewers within APHEO. Cam stated that they will be reviewing their processes in early 2012 and will recruit more members at that time if necessary.</p>	
<b>5.3</b>	<p><b>Injury and Substance Misuse</b></p> <p>Suzanne stated that the group has experienced membership loss and has had problems with poor meeting attendance. Suzanne stated that the group was still able to complete the ICD10 code groupings and now work should progress more quickly. Two-person teams have been assigned to review 2 to 3 indicators each. The group plans to have indicators posted by March 30<sup>th</sup>, 2012. Suzanne stated that additional subgroup members will not be recruited at this time.</p>	
<b>5.4</b>	<p><b>Healthy Eating and Active Living</b></p> <p>The group is working on analysis issues for three indicators: food insecurity, adult BMI and adolescent BMI. CCO definitions for risk factors do not correspond with HEAL subgroup definitions. The group will be adding indicator comments to alcohol, physical activity, fruit and vegetable and sedentary activities indicators.</p>	

<b>5.5</b>	<b>The Built Environment</b> Deferred.	
<b>6.0</b>	<b>Standing Items</b>	
<b>6.1</b>	<b>Operational Plan</b> Defer to next meeting.	
<b>7.0</b>	<b>Date, Time and Location of Next Meeting</b> Shanna proposed a next meeting in mid-January, 2012	<b>Shanna</b> will send out a meeting request.