

Core Indicators For Public Health In Ontario

Core Indicators Work Group

Date:	March 22, 2012
Location:	Teleconference
Attendees:	Sherri Deamond, Suzanne Fegan, Lawson Greenberg, Natalie Greenidge, Brenda Guarda, Shanna Hoetmer, Carma-Lynn Koole, Ahalya Mahendra, Mary-Anne Pietrusiak, Julie Stratton.
Regrets:	Susan Bondy, Luanne Jamieson, Gillian Lim, Cameron McDermaid, Katherine Russell, Brenda Wannell.
Chair:	Shanna Hoetmer
Recorder:	Natalie Greenidge

Minutes

	Item	Action
1.0	Review of Agenda	Approved without amendments
2.0	Review of Minutes January 25, 2012	Approved without amendments.
3.0	Business Arising	
3.1	<p>Website Revisions</p> <ul style="list-style-type: none"> • Sherri has made changes to website as outlined in item 3.6 of the January 25, 2012 minutes. • Additional issues arising <ul style="list-style-type: none"> ○ CCHS 2009/2010 <i>Exposure to Second Hand Smoke (ETS)</i> module: An error in the skip pattern was discovered. John Babaro documented the problem on the APHEO wiki after sharing it via APHEOlist. The group agreed that important APHEOlist exchanges are best captured on a wiki page. APHEOlist archives are culled periodically therefore links to APHEOlist archives should be avoided (e.g. in the case of 'Condom Use' known issue). A summary of the problem should be included in the "Known Issues" table and linked to relevant indicator(s)/resource(s). "Known Issues" should be removed from the table once an indicator/resource has been updated. APHEO wiki summaries can be linked to a pertinent indicator/resource once the indicator/resource has been updated. ○ Mary-Anne reported that the Reproductive Health Work Group (RHWG) made an entry to the "Known Issues" table concerning the increased use of ICD-10 P964 to code stillbirths. The entry, linked to the Perinatal Mortality/Stillbirth indicator and the Vital Statistics Stillbirth resource, will be removed once the reproductive health indicators and resources have undergone external review. 	<p>Sherri will review APHEOlist discussions and update the wiki.</p> <p>Natalie will add a summary of the CCHS ETS issue to the "Known Issues" table, and link it to the "Smoke-free Homes" indicator.</p> <p>Natalie (RHWG) will remove the stillbirth issue from the known issue table once the RHWG indicators/resources have been finalized.</p>

3.2	<p>Policy approval (external review process)</p> <ul style="list-style-type: none"> Natalie incorporated feedback from the CIWG into <i>Core Indicator Review</i> policy and procedure and circulated the document for review. The following change will be made to the sample listserv posting included in the policy & procedure (page 5): (...on the <i>Core Indicators index page</i>, http://www.apheo.ca/index.php?pid=55, right click on the link to the indicator and choose "save target as".....) 	<p>Policy approved (pending the noted revision)</p> <p>Natalie will post the P & P on the APHEO website.</p>
3.3	<p>Hospital Transfers</p> <ul style="list-style-type: none"> The injury-related hospitalization indicators currently recommend use of “exclude transfers <i>from</i> acute care facilities” filter instead of “exclude transfers <i>to</i> acute care facilities”. JoAnn Heale has recommended using NACRS (“transfer to acute care” filter) for hospitalization rather than the DAD, in which case the “exclude transfers <i>from</i>” filter will not be required. Sherri noted that this change would assume all hospitalizations start as an emergency department visit. Also, injuries occurring in hospital would not be captured. The efficacy of using NACRS as a data source for hospitalization is still under investigation. 	
3.4	<p>Calculating rates from the CCHS</p> <ul style="list-style-type: none"> Lawson reported that PHAC is still looking into the feasibility of calculating injury rates using CCHS data. Suzanne reported that the “Self-Reported Injury” indicators presently include proportions only, but rates can be added in the future if appropriate 	
3.5	<p>Alignment of the APHEO Core Indicators with the Ontario Public Health Standards</p> <ul style="list-style-type: none"> Natalie incorporated feedback received from the CIWG since the last meeting and circulated the draft for review. Outstanding Issues: <ul style="list-style-type: none"> Affiliation of contributors: the group agreed that it is acceptable to include place of employment at the time the document was created. Availability of data sources for built environment indicators (Ontario Road Network (ORN), Single Line Road Network (SLRN), Road Network File (RNF) Suzanne reported that MTO data are still available to PHUs by request. The injury group is considering requesting that the MTO create a standard annual report for PHUs. Once finalized, the document must be submitted for PHO clearance. Once cleared, the document will be posted on the APHEO website as a PDF with the aim of transitioning to a living document in the future. 	<p>Ahalya will find out whether ORN, SLRN and RNF data are available to all health units.</p>
3.6	<p>Data Gaps in Public Health Indicators in Ontario</p> <ul style="list-style-type: none"> The “Gaps” document was revised based on feedback received from the CIWG since the January 25, 2012 meeting and circulated for review. 	<p>Brenda will draft a new introduction section that defines the scope of the report (e.g. which</p>

	<ul style="list-style-type: none"> • Sherri noted that the document focuses on assessment and surveillance requirements and was not inclusive of all gaps in data/indicators: i.e. health-status related societal outcomes and board of health outcomes were included but, for example, health promotion, policy development requirements were largely excluded. The group agreed that the Core Indicators were not designed to address policy, and health promotion requirements. • Brenda noted that the document refers to the Reproductive Health and Child Health Guidance documents, but no other Guidance documents. Also neither the Public Health Assessment and Surveillance (PHAS) protocol nor the Foundational Standard were referenced. • Brenda recommended: <ul style="list-style-type: none"> ○ changing the name of the document to “Gaps in Public Health Indicators and Data in Ontario”. ○ better defining the scope of the document in the introduction. ○ outlining next steps in the document. • Sherri noted that, under “Child Immunization Status”, (pg. 18), “coverage of non-mandatory vaccines” and “coverage in children less than seven years of age not in licensed childcare facilities” are not specific requirements and suggested removing these as data gaps. • Sherri recommended including information about iPHIS risk factor data limitations in Section 2. • The “Alignment” document will be finalized before the “Data Gaps in Public Health Indicators” document. Need to determine whether to move to PHO clearance before both documents have been finalized. 	<p>outcomes will/will not be addressed, which documents will be referenced etc.) and outlines next steps. Brenda will forward the draft to Natalie</p> <p>Natalie will remove “Child Immunization Status” data gaps, replace with “none”.</p> <p>Sherri will draft a summary of iPHIS risk factor data limitations and forward it to Natalie</p> <p>Natalie and Shanna will revise the document and circulate a draft to the group for review</p> <p>Natalie will find out how to proceed with the PHO clearance process.</p>
3.7	<p>Thank you letters</p> <ul style="list-style-type: none"> • Thank you letters should be sent by the Chair to departing members of the CIWG, and to the person(s) who supported them (e.g. MOH). Departing members of subgroups should be sent a thank-you e-mail by their subgroup lead. The APHEO President should be cc’ed in all correspondence. 	<p>Brenda will send draft thank you letters to Shanna.</p> <p>Shanna will send thank you letters to members of the CIWG that have recently departed.</p> <p>All subgroup leads will send thank you emails as appropriate.</p>
4.0	<p>New Business</p>	
4.1	<p>Welcome to new member, Carma Lynn Koole</p> <ul style="list-style-type: none"> • Carma Lynn has officially assumed the role of HEAL subgroup lead 	
4.2	<p>Staffing/Position update</p> <ul style="list-style-type: none"> • Natalie’s contract has been extended until October 31, 2012. • Jana Crossland, former administrative contact at PHO who assisted with teleconference bookings, is no longer with the organization. 	<p>Natalie will send the contact information for the new administrative support person to Shanna and the subgroup leads once known.</p>

4.3	Annual Report <ul style="list-style-type: none"> Subgroup leads recently submitted to Shanna their accomplishments for the 2011/2012 fiscal year. Shanna suggested that subgroup leads keep a tally of updated indicators and resources so the information is readily available to be submitted annually. 	
4.4	Consistency across indicators <ul style="list-style-type: none"> Level of geography <ul style="list-style-type: none"> The group recognized that appropriate level of geography may vary from indicator to indicator. Level of geography specified in a Core Indicator should be groupings that are recommended for use. Consistency in wording is required Data Source Citations- citation used, e.g. for population estimates, may depend on level of geography selected (e.g. If level of geography includes LHIN, include LHIN-specific citation in relevant indicators). Residual disclosure – IntelliHEALTH Ontario does not require suppression of cells with counts < 5. (Sherri noted that a SmartRisk report did not recommend publishing rates based on numbers <5). Sherri suggested including the following in indicator comments section: <i>Consider aggregation of data values and/or cell suppression when dealing with small numbers to avoid risk of confidentiality breach.</i> 	Mary-Anne and Natalie will draft level of geography, data source citation and residual disclosure recommendations and circulate among the group
4.5	Data source page updates <ul style="list-style-type: none"> Shanna reminded subgroup leads that all data sources cited in an indicator must have a corresponding “Data Source” resource webpage: for new indicators, “Data Source” resource pages must be created. For revised indicators, existing “Data Source” resource pages must be updated. 	
4.6	OHPA Build Environment webinar <ul style="list-style-type: none"> Ahalya has been invited to present the work of the Built Environment subgroup at an upcoming webinar, likely in May 2012. The webinar will be open to APHEO members. 	
5.0	Subgroup Reports	
5.1	Reproductive Health <ul style="list-style-type: none"> The RHWG is finalizing the last few indicators and resources and is working toward initiating the external review process shortly. Next meeting is on March 26, 2012. 	
5.2	Social Determinants of Health <ul style="list-style-type: none"> Defer until next meeting 	
5.3	Injury and Substance Misuse <ul style="list-style-type: none"> The Injury and Substance Misuse Prevention subgroup is also finalizing a few remaining indicators and working toward initiating the external review process shortly. 	

	<ul style="list-style-type: none"> • <i>Adolescent Drug Use</i> indicator: - is based on data from the Ontario Student Drug Use and Health Survey (OSDUHS). Currently, six PHUs buy into the OSDUHS. Suzanne proposes eliminating the <i>Adolescent Drug Use</i> indicator and incorporating adolescent drug use into the newly developed "<i>Illicit Drug Use</i>" indicator, (based on CCHS data). OSDUHS indicators would be included in "Corresponding Indicators from Other Sources" (OSDUHS will not be included as an "Alternative Data source" since reports, not data, are available to PHUs). Similarly, indicators from the Centre for Addiction and Mental Health (CAMH) Monitor will be included in "Corresponding Indicators from Other Sources", but CAMH monitor will not be listed as an "Alternative Data Source"). 	
5.4	<p>Healthy Eating and Active Living</p> <ul style="list-style-type: none"> • Carma Lynn reported that the HEAL group met once since our last CIWG meeting, and will meet again on March 30, 2012. • The group members wondered whether the <i>Low-Risk Drinking Guidelines</i> indicator must match the new accountability agreement indicators. • Mary-Anne inquired about what Statistics Canada has done. • Lawson stated Statistics Canada is developing a "Heavy Drinking" indicator (5+ drinks for males, 4+ drinks for women). • Sherri noted that the new low-risk drinking guidelines specify 4+ drinks for males and 3+ for females. • Mary-Anne noted that the Low-Risk Drinking Guidelines specifically include pregnant women and teens. • Mary-Anne suggested that HEAL group clearly document the rationale for their decisions. 	<p>Carma Lynn will contact Statistics Canada re: alcohol indicators under development</p>
5.5	<p>The Built Environment</p> <ul style="list-style-type: none"> • The group is preparing to begin the external review process and deciding on the next indicators to be developed. 	
6.0	<p>Standing Items</p>	
6.1	<p>Update on the PHAC Public Health Scholarship and Capacity Building Initiative</p> <ul style="list-style-type: none"> • Awaiting a response from PHAC. • Funding for the project starts in the 2012/2013 fiscal year, so a decision should be made shortly. 	
6.2	<p>Child Youth Health Indicators (CYHI) Report Project</p> <ul style="list-style-type: none"> • The CIWG submitted feedback on indicator gaps, format, terminology used. • A CYHI workshop will be offered at TOPHC, providing an additional opportunity to offer feedback. 	
6.3	<p>Operational Plan</p> <ul style="list-style-type: none"> • The operational plan was last updated in 2010 and the status of projects is not known. 	<p>Shanna will follow-up with people designated as project leads and provide an update on the status of</p>

		projects at the next CIWG meeting
7.0	Date, Time and Location of Next Meeting -TBD, June 2012	Shanna will schedule next meeting