**Core Indicators for Public Health in Ontario – Injury and Substance Misuse Subgroup**

**Minutes**

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| **Date:** | August 12, 2014 |
| **Location:** | Teleconference |
| **Attendees:** | Suzanne Fegan, Natalie Greenidge, Sinéad McElhone, Jeremy Herring, Simone, Badal Dhar |
| **Regrets:** | Brenda Guarda |
| **Chair:** | Suzanne Fegan |
| **Recorder:** | Badal Dhar |

**Minutes**

|  | **Item** | **Actions** |
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| **1.0** | **Welcome** |  |
| **2.0** | **Approval of Agenda** | Agenda approved without amendments |
| **3.0** | **Review of Minutes** | completed |
| **4.0** | **Business Arising** | None |
| **4.1** | **Co-Presenter for Sept** | Inform Suzanne if anyone is interested |
| 4.2 | AAF Hospitalization Core Indicator | * ACTION: S. Fegan will send a revised copy of the indicator out * Analyst Checklist of this document should contain information about the folders to be used for AAF in intelliHEALTH. * we should mention about using pre-defined reports for injury from inteliHEALTH. * Pre-defined reports for pulling chronic disease information, esp. from OMHRS, could be created by our group - and we would need find a way to place it to a shared folder in IntelliHEALTH, or ask intelliHEALTH to place it on the APHEO Core Indicator folder. |
| 4.2.3 | Data sources | * Jeremy and Badal informed that ambulatory care data (ED visits) from IntelliHEALTH cannot be used to identify the AAF admission, as a big portion of mental health hospital admissions (AAF related) are volunteering admission and not coming from emergency department visit. * Badal and Jeremy are going to examine two tables in intelliHEALTH mental health folder, to see if there are duplicate records in DAD and OMHRS or do we need to combine two tables in mental health patient data folder.   **ACTION:** Badal and Jeremy are going to do the exercise. |
| 4.2.4 | Analyst Checklist | * Only “Map 12 Inpatient Mental Health” should be used for calculating AAF for OHMRS data. * All the data sources, tables, for AAF should be mentioned in Analyst Checklist. * Analyst Checklist should explain that indicator requires 3 different data source to get hospitalizations. For chronic disease, it requires DAD and OMHRS and Ambulatory care for injuries. * Analyst Checklist should also note that as the indicator requires number of admissions only, there might be people who were admitted multiple times in a given year.   **ACTION:** not discussed who will add those in the Analyst Checklist. |
| 4.2.5 | Method of Calculation | * Excel file developed by S. Fegan, would be recommended to use, as it would be easier for anyone to perform that calculation. However, we could also consider doing the calculations in Stata. For now, we’ll use the excel but keep this option in mind. * Suzanne is working on syntax file for emergency department visit and hospital admission visit. |
| 4.2.6.1 | Perinatal conditions (Sinéad) | * Sinéad found a lot of information source related to effect of alcohol consumption and preterm birth, low birth weight, gestational age and time to exposure of alcohol during pregnancy etc. She is going to distribute those information source or the reports. * Simone also found some paper Canadian data on alcohol and health she will distribute that.   [Discussion source, minutes Jul 10: Leave out the LBW data due to potential problems with this indicator]  **ACTION:** Sinéad will distribute the information source or the reports that she found. |
| 4.2.6.2 | Age groups for indicator, including for breast cancer (Natalie) | * Natalie mentioned that different chronic disease indicator considers age from year 15 to year 69, so AAF can also consider this population. She said she will distribute the CAMH report where they have used age group from 15 to 69. [Discussion source, minutes July 10: Think about restricting age group (15 – 69). Some RRs and AAFs are for the whole population, some are restricted to 15-69]   **ACTION:** Natalie will distribute the information source or the reports that she found. |
| 4.2.6.3 | Psoriasis | * No decision has been taken what to do with it, leave it in for now. |
| 4.2.7.1 | Standard drinks (Simone) | * Simone has collected data on standard drink (as there is contradiction in quantity of drink between Rehm article and standard drink in Canada) but she wanted to know the format how she will present the data. Susanne will discuss with Simone about the format.   **ACTION:** Suzanne will discuss with Simone. |
| 4.2.8 | References (Brenda and Simone) | * Brenda provided fourth round of revision on reference |
| 4.3.1.1 | Small proportions in CCHS (not releasable) | * It should be suggested to use the proportion of combined years and if the proportion is still small then Ontario proportion should be used.   **ACTION:** This information should be go into the Analyst Checklist section. |
| 4.3.2 | Stata Syntax file | * S. Fegan is almost done with Stata syntax file |
| 4.3.3 | Pre-defined reports | * We probably should think of making reproductive health reports and LBW reports in IntelliHEALTH. * We should also prepare a pre-defined report on AAF and ask someone in IntelliHEALTH to place that to APHEO folder.   **ACTION:** Someone should take the responsibility to make the report. |
| 5.3 | **Next Meeting** | TBD   * Next meeting assign sub group individuals to specific tasks. |
| **6.0** |  |  |