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

**Minutes**

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| **Date:** | July 10, 2014 |
| **Location:** | Teleconference |
| **Attendees:** | Suzanne Fegan, Brenda Guarda, Natalie Greenidge, Sinéad McElhone, Nicole Niedra-Biordi, Jeremy Herring |
| **Regrets:** | N/A |
| **Chair:** | Suzanne Fegan |
| **Recorder:** | Sinéad McElhone |

**Minutes**

|  | **Item** | **Actions** |
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| **1.0** | **Welcome** |  |
| **2.0** | **Approval of Agenda** | Agenda approved without amendments |
| **3.0** | **Review of Minutes:** | None |
| **4.0** | **Business Arising** | None |
| **5.0** | **New Business** | Creation of the AAF Hospitalization Core Indicator |
| **5.1** | **Development of Core Indicators** | **ACTION 1:** Those unfamiliar with core indicators should review the Guide to revising and creating core indicators found on the APHEO website at <http://www.apheo.ca/index.php?pid=50> |
| 5.2 | **Development of the AAF Hospitalization Core Indicator** | S Fegan is to present this AAF indicator at the next APHEO workshop (mid - September). If anyone else would like to co-present contact S Fegan. |
| 5.2.1 | Word document | * S. Fegan started several sections of the AAF Hosp indicator. Sections not started include - Analysis Checklist and Indicator Comments. Need to develop – description and specific indicators. * Section 5.4 references. Ensure that all references are correct and updated. * Main research paper (Rehm - they use numbers per capita of alcohol consumption. This group has used a different method therefore need to clearly state that the methodology differs. |
| 5.2.2 | Excel Spreadsheet | * S. Fegan has drafted a version of the Excel spreadsheet using methods derived by B Guarda and K Russel. All members must review and ensure it is correct and there are no mistakes. * Data sources – Inpatient discharges (DAD, and NACRS IntelliHealth database are discharge databases while OMHRS is an admission based database). * CCHS identifies the proportion of the population who consume alcohol/exceeds the LRDG. Alternative data source for alcohol consumption is RRFSS. **What do we do when the alcohol consumption proportion from CCHS is not recommended for release due to small numbers?** We could recommend combining CCHS years together to obtain combined alcohol data, or use the Ontario estimates. * Excel document (Instructions) – look for issues/typos and ensure basic information is understandable and easy to read. * Excel document: Line 31 – 37 identify the 6 main sources – in every page/excel tab the main sources utilized must be referenced. * In each excel tab Column D contains the RR from the literature. * Leave out the LBW data due to potential problems with this indicator -**should we document this in Indicator notes?** * Think about restricting age group (15 – 69). Some RRs and AAFs are for the whole population, some are restricted to 15-69 – **what do we wish to do?** * Rehm article quantifies a standard drink as 10g/alcohol while in Canada a standard drink comprises of 13.6 g/alcohol. Need to put this in indicator notes and ensure this is reflected in relevant syntax/calculations.   **ACTION:** All members to review spreadsheet for accuracy.  **ACTION:** All members continue to make suggestions to improve clarity.  **ACTION**: Jeremy and Badal are to examine the IntelliHealth databases in more detail to ascertain which database contains the most useful/appropriate/rigorous information required in the calculation of the indicator.  **ACTION:** Make working consistent across Excel |
| 5.2.3 | Stata Syntax file | * S. Fegan has draft of a Stata syntax file to create categories needed. Original file from K Russel from Ottawa Public Health. * Restrict analysis to what is considered unintentional and intentional injuries.   **Action:** S. Fegan to revise syntax file for use with the indicator.  **Action:** How to use CCHS data in method of calculation – i.e. create APHEO syntax file to produce drinking categories g/al/day) |
| 5.2.4 | Predefined reports | * As JoAnn Heale is leaving Intellihealth, we will not have someone to help us create pre-defined reports – however, given that we already have injury pre-defined reports, we may not need to develop any new reports or modify any existing reports. |
| 5.3 | Questions to Answer | * Perinatal conditions – LBW and FASD – Do not include as issues with the data – put comments in indicator notes. * Age groups – check RR for aged 15 – 69 – consider restricting age groups * Breastcancer limit to women less than and greater than 45 years? * Psoriasis – inclusion of? (No decision?) * Not releasable data from CCHS in estimating proportions of alcohol consumption |
| 5.4 | Items to include in Indicator Comments section | * Our calculations do not include weighting for per capita alcohol consumption as Rehm does. * We need to state that ‘complications of medical care codes Y40-Y84’ injuries were excluded. This was included as ‘other’ unintentional injuries – but there was such a high number of these injuries – and it really didn’t make sense – so we excluded these codes. For example, just in 2013 in KFL&A alone, there are almost 3000 ED events alone. With AAFs of 26-31% - it just doesn’t make sense that there are 1000 medical care ‘injuries’ due to alcohol use. If it were that high, I think we would know about it. We did write the authors for some thoughts, but never heard back. * Need to maybe do a bit of a write-up about depression – Chapter 12 reference says there is a causal role for alcohol but the relationship is controversial. |
| 5.5 | Other | Housekeeping:  Naming documents – rename with current date. If the same draft is worked on two or more times within the space of a day – each subsequent needs to be labeled V1, V2, V3 etc.  Email S Fegan notes about what kind of work you did/updates you made while working on the draft |
| **6.0** | **Next Meeting** | TBD  Next meeting assign sub group individuals to specific tasks. |