

**Core Indicator Members Survey Report**  
**December 5, 2008**  
**By Kim Bergeron**

The purpose of this online survey was to: 1) brainstorm ideas and kick-start the strategic direction process, 2) allow people who will not be attending the session to provide input, 3) understand the direction the Core Indicators Work Group and Sub-group members would like the Core Indicators project to take from now until 2011. Data was collected using an online survey software and open to Core Indicators project members November 13, 2008 to November 24, 2008. An email was sent out inviting members to participate in the survey.

This report is a summary of the results written by an external consultant (Kim Bergeron), hired by the APHEO Core Indicators Project. Twenty-two members completed the survey.

***1) Please share why the Core Indicators project is important to you?***

Themes identified of why the Core Indicators project is important to their members were:

- 1.1 Quality and consistency of measurements across agencies including public health units.
- 1.2 Central source for standardized indicators.
- 1.3 Standard measurement for calculating indicators and data analysis.
- 1.4 Fulfills the need for local health status information and allows epidemiologists to do their job better.

See Appendix A for Table 1: Actual Statements

***2) Think about the achievements of the Core Indicators project to date. In order to build on these achievements, please identify what are important activities and initiatives that the Core Indicators project should accomplish by 2011?***

Themes identified when asked to identify important activities and initiatives that the Core Indicators project should accomplish by 2011 were:

- 2.1 **Obtain resources:** funding to hire staff; develop policies and procedures; update and review indicators.
- 2.2 **Collaborate:** with Ontario Agency for Health Protection and Promotion; Public Health Standard Branch; continue with relationship with Ministry of Health Promotion; link with other organizations nationally and internationally; Stats Canada; CIHI; researchers; and Local Health Integration Networks. This includes promoting/communicating the project to others such as developing reports in Intellihealth for indicator numerator & denominator data
- 2.3 **Identify Data Gaps:** re-align the indicators with the OPHS and PHAS protocol; continuous review and revision of indicators; develop indicators on the built environment.

See Appendix B: Table 2 for actual statements.

**3) *What content areas should be priorities for the Core Indicators project to review and revise & 4) Please rank in order of importance (1=greatest importance) the topics you have identified as priorities for the Core Indicators project to review and revise.***

Population

Social Environment

Physical Environment

Mortality, Morbidity and Health-Related Quality of Life

Chronic Diseases – *currently under revision*

Cancer Incidence and Early Detection of Cancer– *currently under revision*

Injury Prevention and Substance Abuse Prevention

Behaviour and Health (Smoking, Alcohol, Physical Activity, Nutrition and Healthy Weights, Sun Safety) – *currently under revision*

Sexual Health

Reproductive Health

Child and Adolescent Health

Mental Health

Infectious Diseases – *currently under revision*

Contacts with Health Professionals

Other \_\_\_\_\_

**With a response rate of 54.5%, physical environment was ranked as the greatest importance.**

The rest of the results of questions 3 and 4 will not be included in this summary report as they have been discarded. The rational for discarding the results was that some survey participants shared that there was confusion about whether they needed to include an indicator as a priority if it was currently under revision. This uncertainty may have skewed the results. Physical environment has been shared as it appears as a reflection of greatest importance as it is not under revision and therefore, should not have been affected by uncertainty.

**4) *What new resources and content areas should the Core Indicators project develop in the next three years?***

**New resources identified were:**

- Seek funding for project continuance from the Public Health Agency of Canada;
- Literature reviews of risk factors associated with the indicator;
- Align with OPHS; update document on data gaps as related to OPHS; synthesize the information in the OPHS and protocols to assist epis. to understand expectations
- Situational assessment resource;
- Sharing the more complex syntax files to assist PHUs with data analysis;;
- Surveillance resource “how to”; GIS;
- More information on the CCHS surveys;
- Keep website updated.

**New content areas identified were:**

- Mental health and well-being;
- Physical environment;
- Chronic disease prevention;
- Built environment;
- Child growth and development;
- Healthy pregnancies; preconception health;
- Positive parenting;
- Social determinants of health;

**5) *What are some of the challenges faced by the Core Indicators project?***

Challenges identified were:

- 5.1.1 Depends on "volunteer" time** - important because it involves keen people whose day-to-day experience is important, but hard to stay on schedule in face of competing priorities; keeping things up to date based relying solely on volunteers with full-time work commitments; much of the work if not all is off the sides of peoples desks; Reliance on volunteers who are already stretched with work plus other APHEO commitments; Most people working on the project are doing so in addition to the main requirements of their jobs. There is limited time to devote to the Core Indicators Project; that it is a volunteer-driven project, with everyone already having a full plate without participation in this project; use of volunteers who already are overworked.
- 5.1.2 Work Group Issues:** Time consuming to participate on indicator working group(s) - limited number of APHEO members actually working in public health units; someone new to take on chairing CIWG to bring in fresh perspective.
- 5.1.3 Lack of Resources and Finances:** human resource constraints; lack of financial resources; time / resources required to keep the indicators updated and develop new indicators as new priorities emerge (e.g. built environment); not enough staff to run the project; resources both internal and external to APHEO
- 5.1.4 Securing committed time from Ministry of Health Promotion and other ministry staff.**
- 5.1.5 A lot of work to revise an indicator.**
- 5.1.6 Some emphasis on what we have instead of what we should have from first principles.** Core staff can't be expert on all areas, sometimes drawing from not best-of-best academic materials from specific subject areas. Lack of alignment with MOH initiatives.
- 5.1.7 Too many other competing indicator projects.**
- 5.1.8 Reliance on the energy of key people.**

### **5.1.9 The field is changing rapidly so it is hard to keep the information current.**

#### ***6) What suggestions do you have to improve how new indicators are created?***

Suggestions included:

##### **6.1 Conduct assessments/surveys:**

- Critical world-scan and critique of monitoring indicators used everywhere and WHY before focusing on what we have/ can do.
- Consultative process with other public health staff.
- Look at what indicators are being used by other organizations and why. Also, discuss what indicators might be most useful in a rapidly changing world (e.g. climate change, global financial turmoil, resource wars).
- Needs assessment of health units.
- Do surveys similar to these surveys to assess what areas need to be developed.
- Survey broader community.
- Consult with the experts in the specified areas & public health epidemiologists

##### **6.2 Continue to solicit involvement of academic, government and public health practitioner experts.**

##### **6.3 Have an annual review of all indicators, look for gaps and develop clearer guidelines on how to select (currently buried in terms of reference for the project)**

##### **6.4 Develop criteria similar to what we had before to address the Ontario Public Health Standards:** critical review of the OPHS and protocols to determine gaps; use the new public health protocols as a guide to what is important to measure; Small work group could review OPHS and PHAS and determine gaps.

##### **6.5 Choose based on: known gaps; data source availability; data quality; public health importance.**

##### **6.6 More direction from the Ministry in what indicators are needed for performance measurement.**

##### **6.7 Develop a formal process for how to select indicators and a formal list of criteria to use.**

#### ***7) What suggestions do you have to improve how existing indicators are revised?***

##### **7.1.1 More Collaboration:** Involve the experts from the outset, and ensuring they have the time to commit to this work; involve students as practicum; design around the particular skill sets that new students bring into the Master of Health Science program; collaborating with other organizations (e.g. Atkinson Foundation's Canadian Index of Well-Being, Canadian Social Data Strategy, OECD, Community Foundations of Canada.

- 7.1.2 Dedicated Staff:** A dedicated resource to establish timelines, plus some process for inviting input from those who may be most aware of changes in particular fields (tobacco control, cancer screening changes in target age ranges, the Canadian decision to go with international charts for childhood BMI, e.g.); a permanent project manager would be a huge help. Currently there is too much of a lag time between identifying issues and required changes and actually implementing them. It is difficult for people to find the time to work on them. A project manager to do the work in consultation with a group of experts would likely be the most efficient; administrative and/or IT support.
- 7.1.3 Set a revision cycle** - therefore only ever reviewing and revising one set at one time - may be a role for the OAHPP can take on as a leader in population health assessment and surveillance. They could set the schedule and support (room booking, teleconferencing, administrative support, etc.) to have the review happen; Need to have specific timelines for when a work group will have completed their revisions. It is too open right now; Perhaps offering incentives, financial or otherwise, for indicator revision/review, as done with Skills Enhancement modules; members must participate in the revision and review process and this is a requirement to be on a workgroup; ensure that the most appropriate experts are reviewing the indicators that have been developed; develop workplan that outlines frequency of review and refinement based on the dataset and its availability; Revisions should take place within a shorter time frame. More full-time resources would be needed. Right now it is taking too long probably due to reliance on volunteers
- 7.1.4 The needs, availability of data and capacity of all health units (large/small, urban/rural) need to be considered.**
- 7.1.5 How they are organized on the website.**
- 8) What suggestions do you have to improve how existing content on the website for the Core Indicators Project is maintained?**
- 8.1.1 A dedicated person to maintain the website (paid staff; student); need administrative support to complete this task.
- 8.1.2 Identify key indicators that should be updated or at least reviewed more frequently, and secondary indicators that are a lower priority in light of Public Health Standards and other factors.
- 8.1.3 A better system for tracking ongoing input into the indicator and changes that need to be made. Again this would be easier if all feedback went to one person who could keep it organized. Small changes could then be made almost immediately whereas bigger changes could be added to the list of those that need a full review and perhaps the CIWG could meet on a fairly regular basis to review these and prioritize.
- 8.1.4 Easier navigation and search functionality
- 8.1.5 More specific tools and resources to aid in calculating the indicators
- 8.1.6 Create a place where errors can be noted to make people aware of past errors.
- 8.1.7 Works well; website is great! I like the current format.

**9) Please share any other thoughts on the Core Indicators Project that will assist in planning for beyond 2009.**

“This is such valuable work, and it is important to keep up the momentum that has been established.”

“If the Ontario Agency for Health Protection and Promotion becomes involved, operationalizing the indicators might be a possibility and would be a huge asset to the project. If this happens, it would be important not to jeopardize the existing components.”

“This is a resource that is not only used by APHEO but serves a diverse population of epi's and analysts, population health researcher across the province. All have to be engaged. The province should have a vested interest in growing, perfecting the indicators and building data systems to address the gaps. We need sustainable staff allocated to this project.”

“Lobby for new data sets to be available for public health units in a timely and efficient manner (e.g., via intelliHEALTH). Example: EDI. This data source would help public health units meet the requirements of the Ontario Public Health Standards in terms of growth and development.”

“Be realistic. Try to recruit more people to work on the project; especially new people. Some original members are approaching the burn-out stage.”

“Thanks for all the work - this is a very important project!”

“Need help from an external source, such as the Agency.”

“This is a great grass roots project which, with a little bit of funding and support, could become an even greater resource in Ontario for health professionals.”

## Appendix A

**Table 1: Actual Statements:**

Monitoring for public health is a fundamental task of the system. Push / strive for quality measures and sources.
Consistency of measurement is extremely important across agencies as well as across PHUs. As someone working on risk factor estimation, interpretation and publication on behalf of an agency, I appreciate the opportunity to work on consistency with my public health colleagues.
The Core Indicators project provides well-documented information about standards that are pertinent to population health assessment and surveillance and to program planning and evaluation.
Provides a standardized method for calculating indicators. Provides additional information about limitations of the data.
My involvement in the Core Indicators project helps to increase my understanding of how to assess health status in my health unit (and how to interpret the information).
Have been involved since its inception and witnessed the progression from idea to paper to website. I believe it fills and important need for local health status reporting.
It is the first place I refer to or send my staff to get familiar with the data sources available, and analysis issues. There is no other resource like it.
The Core Indicators allow me to do my job better as a public health epidemiologist. The indicators are resources that I refer to often. They help maintain the quality of indicator reporting in Ontario.
Standardizes reporting, provides guidelines, a very useful resource for new epis. starting out in the field
Standardizes indicators and analysis across health-ensures -provides resources that assist epis i.e., A9-assists new epis/research analysts - provides needed direction=-standardizes indicators and analysis across health-ensures -provides resources that assist epis i.e., A9-assists new epis/research analysts – provides needed direction.
Provides relevant and comprehensive information on how to calculate key indicators. Resources are useful.
This is the type of information we need to make sure that we are doing analysis properly and to be able to compare our results with our health units.
The project provides standard definitions and sources for population health indicators that are easily accessible to epis and data analysts working in the health sector.
for consistency and efficiency across the province
Core Indicators is a great resource that I frequently use to analyze and report on public health data for my health unit.
Standardizes choice of indicators and methods for calculating indicators for public health in Ontario Integral in meeting the assessment and surveillance requirements set out in the OPHS and related protocols
Some of the indicators are important to me because we replicate them in my work place. That is, we use all the hard work and thinking that APHEO has put into developing the indicators as the basis for our own work.
It is a grassroots project that is specifically geared to public health epidemiologists in Ontario. There is nothing else like it.
Central source of standardized indicators
Fills a void for PHU epidemiologists. One stop place for indicators for PHU level in Ontario. Collaborative aspect
Is the only way that we as PH epis are able to apply a standard measure, report on indicators for PH
Provides a "standard" for all to use as a starting point for analysis.

## Appendix B

**Table 2: Actual Statements**

Achieve commitment for methodological support and some central estimation of indicators. Obtain resource(s) for maintaining Indicator pages: staff, ongoing commitment of at least some CIWG members to a schedule of reviews & updates
Ensure a strategic relationship is established with the Ontario Agency for Health Protection and Promotion and with the Public Health Standards Branch of the Ministry of Health and Long-Term Care. These will complement the existing relationship with the Ministry of Health Promotion.
Addition of risk factors associated with the indicator - would require resources and staffing to assess literature - or could connect to existing reviews on line. Identification of what additional indicators need to be developed now that the OPHS are being rolled out.
1) Link with other organizations (mainly national) that are working on health indicators to identify any common needs and possible collaborations. 2) Research the "equity perspective" that is being explored within the Canadian Health Indicators Framework. Identify whether/how this perspective can be useful within Ontario Public Health's core indicators. 3) Facilitate communication among Ontario health units about how we are using the core indicators in our work. 4) Identify whether we need to add, drop or re-organize the current core indicators.
Establish full-time, permanent PM or similar resource for the project. Review outstanding sections. Review and revise all sections to make compatible with OPHS. Identify gaps from OPHS and come up with strategies to address.
Expand the indicators to address all of the areas in the OPHS Identify data gaps and begin to work with the Agency to address data acquisition
Re-align the indicators with the OPHS and PHAS protocol. Develop policies and procedures for indicator revision. Find a funding source to facilitate the maintenance of the indicators.
Engage more fully with experts that can contribute to the development of core indicators. Adopted across Canada?
Promotion of the indicators: work with other agencies i.e., Stats Can, CIHI. Perhaps look for funding for an individual to manage, update indicators. Work with the new Agency - Can they support this initiative and in what way?
I would like to see all core indicators updated and reviewed. Define new indicators in public health standards. Define new surveillance issues such as nosocomial clusters/outbreaks eg CDAD
Finish the review of the indicators and update the web site.
Continuous review of the core indicators to ensure they are up to date.
Align indicators with what is required in the new Public Health Standards. Create a forum for sharing health status reports. Include standardized analysis and reporting tools for each indicator (RRFSS syntax, CCHS syntax, Cognos reports, PHPDB queries) Increase membership beyond APHEO.
Continue to develop and refine key indicators to meeting assessment and surveillance requirements Have processes in place to quickly develop indicators for emerging issues.
Perhaps try to build more liaisons with researchers, LHINs, and others - get better known. (Of course, this takes time, which nobody has, and if people know about you, they start asking you questions, which takes more time). Consider moving beyond measuring individual indicators to examining relationships among indicators.
Obtain dedicated resources (ie full time person if possible); align with the OPHS and PHAS protocol to build resources that are really useful to epis as they take on even more work; develop indicators on built environment; have all the indicators revised and up-to-date.

Make sure there are indicators for the new program standards. Develop reports in Intellihealth for indicator numerator & denominator data.
Expand indicator content areas. Ensure "infrastructure" is in place for continuous revision and updating i.e. funding for permanent staff, more policies and procedures.
Update existing. Reorganization of website and updating re new Standards. Develop new indicators.
Broaden the indicators to cover more than those required by P.H. standards.