

**APHEO-Core Indicators Project All Member Survey Report
December 1, 2008
By Kim Bergeron**

The purpose of this survey was to assess the extent to which Association of Public Health Epidemiologists in Ontario (APHEO) members use the indicators and resources as well as to assess how the Core Indicators Project can be improved.

Data was collected using an online survey software and open to 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. Sixty-six members started the survey and fifty-eight completed the survey.

Summary of Results:

1. How familiar are you with the Core Indicators for Public Health in Ontario project?

Very familiar	Somewhat	Familiar	Somewhat	Not at all familiar
44%	39%	11%	3%	3%

2. How useful do you feel the Core Indicators for Public Health in Ontario are in general?

Very useful	2	3	4	not useful
75%	18%	6%	0%	0%

For ratings of 4 or 5, indicate why not?

No response by participants.

3. How useful are the Core Indicators and the resources in your day-to-day work?

Very useful	2	3	4	not at all useful
49%	29%	12%	8%	3%

For ratings of 4 or 5, indicate why not?

- 1) Not relevant to my work 50%**
- 2) Information is out of date 0%
- 3) Information is missing 17%
- 4) I am already familiar with the data and information 33%
- 5) Other _____ 17% open ended statements

For ratings of 1 or 2, please share what aspects makes them useful: (open-ended)

- **One-stop shop:** easy reference; quick reference to use for data requests all the information on each indicator or data source summarized in one place; availability online provides quick and easy access; standard reference I turn to when I am analyzing data or interpreting it; able to look for standardized approaches to analyses and limitations - kind of a one-stop shopping experience; definitions, data limitations; provided detailed information on each indicator; useful for establishing what data we should collect; easy; provides rationale to others as to why we are using particular indicators/ calculating them a particular way; they are standardized measures so I know that I hopefully will be able to compare my results to that of others; place to refer other users who are not as familiar with indicators, resources etc.; quick and easy way to look up indicators (and reliable); there is a lot of specific information that you cannot find anywhere else; the information summarizes the efforts of many people and means as an individual you do not need to go through the painstaking process of coming up with a definition for that indicator; Helps data searching and analysis easier; Broad list of content areas are reflected in the types of indicators (e.g. chronic, infectious, reproductive, etc).
- **Increases ability to analyze data:** I nearly always check the core indicators before analyzing data; explain which numerator or denominator to use as well as any data limitations; the data sources are especially useful; consistency & clarity - can be reasonably sure, because of broad APHEO membership, that analysts in PHUs, LHINs, various agencies, are estimating with the same algorithms or can see calculation methods clearly enough to be able to state clearly where they differ; clear descriptions of data sources, way of calculation, limitations etc.
- **Indicator descriptions and definitions:** data sources (recommendations around data sources); analysis check list; definitions allow analyses to be more consistent. For morbidity and mortality data, having the ICD-10 codes makes it very easy to do any type of reporting; when determining which measure is most relevant when you think of an indicator; having a set of indicators that have already been determined to be of value and relevance for a given health topic, rather than having to start from scratch; Having important issues re: the data and/or analysis already identified, to reduce the "trial and error" involved in learning these issues by oneself, saving time; the indicators website is the place to go to ensure that we are using the proper calculation and that we understand the limitations.
- **Standard way of gathering and reporting information:** The relation to the data resources and info is also very useful specifically for Ontario public health; provide a standardized means of comparing to others; Allows for comparability across health units; they are standardized measures of health status so in theory, they are comparable across jurisdictions; The description, details about data, methodology and comments. I find the indicators hugely useful for putting together reports that I know will be acceptable for our reporting obligations and are consistent across health units; allows for benchmarking; they set the detailed parameters for consistent/comparable data calculations; essential for standardizing which indicators are chosen and how

they are calculated; integral for meeting the assessment and surveillance requirements in the Ontario Public Health Standards.

- **Helpful to those new to epidemiology:** they are also very helpful for epidemiologists who are new to health units and looking for guidance on what to measure;

“In my work, we often have to calculate indicators. It is very useful to have the agreed upon definitions from the APHEO project - someone else has done all the work!!”

“For guidance on what to include in assessments of health status in our Health Unit. The details included make them practical and easy to use.”

4. Indicate how frequently you use the Core Indicators

1) At least monthly	48%
2) Within the past year	43%
3) Less than annually	3%
4) Not at all	6%

5. In what ways could the Core Indicators project be improved?

More resources: A permanent position to coordinate updating them would be immensely helpful and this likely couldn't happen otherwise; more funding and permanent staff or workgroups; expertise input; bring back more resources such as calculation of direct and indirect age standardized confidence intervals; Dedicated resources in the form of a permanent position to keep the project going. More linkage with other indicator projects that are non-public health but related. Having some mechanism so that the data is produced for each indicator by public health unit; add risk factors or other associations which impact on the indicators. For example - including the risk factors for low birth weight would provide the user with other means of analysis so that they could fully understand low birth weight in their area. However, this will require up to date systematic reviews to be incorporated into the system and this will take time and resources.

Updated the Indicators; particularly as new administrative databases become available (e.g. IntelliHEALTH, iPHIS); Better, quicker method for making changes to keep things current; organize around new program standards; provide updates by email on the type of indicators that are looked at; ; Of course, it would be great to have a list of updated indicators, but without a dedicated person it is difficult to keep the project moving; the addition of new/emerging ones

Be more critical: Many of the indicators come with detractors and political baggage. Users might well be forewarned (more) about criticisms, weaknesses of indicators, and given more info on what they do NOT do (i.e., an indicator of behaviour, not necessarily of a clinically-relevant condition...); More comprehensive list; many indicators do not have suggestions;

Collaborate: with the Ontario Agency for Health Protection and Promotion / Public Health Standards Branch and maybe the Health Analytics Branch (Ministry of Health and Long-Term Care) / Ministry of Health Promotion / Office of the Registrar General - to populate the indicators for Ontario overall and by health unit and LHINs; aligned with ophs/phas protocol; collaboration with RRFSS; collaboration with OAHPP; Ensure collaboration with other disciplines when working on indicators that pertain to their areas (e.g. go beyond APHEO members and Epis); More Ministry support to develop indicators. Currently, it requires a lot of time from people willing to get involved.

Expand Indicators: Develop other indicators to address gaps in the OPHS (e.g. healthy family dynamics); expanded to include more indicators from standard data sources; consider streamlining. Consider grouping indicators, for example to assess quality of life/well-being, socio-economic status; Something about data limitations for each indicator; SPSS syntax for CCHS and RRFSS would be useful

Recruit Newer Epidemiologists: The work groups have been established among seasoned public health epis and they are thus a bit intimidating for newer epis with less experience who would like to become involved; More orientation with new APHEO members

Market Project/Indicators: Greater publicity, and reference to standards/guidelines in this area - nat'l and int'l; Raise the profile of this project; Update members on progress not only in meetings but by email as well; Examples of these measures have been used to shape policy or make program decisions; The format on the website. I'm very happy to see that they're searchable but I wish you could get them on one whole document rather than have many different links; Interactive and downloadable pdf could be developed for use (versus printing and checking APHEO website)

6. What indicators and resources would you like to see developed as part of the Core Indicators project?

Indicators

Built environment; building healthy communities; more on geographic indicators and small area analysis; family health and indicators related to build environment; mental health; work stress; depression; social indicators; prenatal health indicators; weight percentiles for children; parenting; growth and development; deprivation index; health inequality measures; social determinants of health; environmental health; leading causes of morbidity; more chronic disease related indicators; more infectious disease indicators; more measurements on how well people are doing health wise; oral health indicators; additional indicators on health care utilization; ER visits

Resources:

Align with the new OPHS and develop indicators which currently do not exist but will be required; archive of the list serve discussion on various indicator discussions; interactive and downloadable pdf could be developed for use (versus printing and checking APHEO

website); link with the PHAC chronic disease risk factor project; indicators and resources on Ministry of Transportation data, and crime/offenses data (federal and/or local); have a secure site where results from other PHU's or agencies using the core indicators are deposited; Perhaps links could be provided to other sources of indicator definitions (e.g. the Ontario Health Quality Council); reports in Intellihealth based on the indicators

7. Are you a ☐ full or ☐ affiliate APHEO member?

57% full
43% affiliate

For affiliates only, what best describes your organization:

Provincial Ministry	40%
Public health unit	32%
Other	16%
Consulting company	8%
Federal government	4%
Hospital	0%

8. How many years have you been working in public health epidemiology?

2-5 years	31%
10+ years	22%
<2 years	16%
6-10 years	16%
Not working in public health epidemiology	16%