#### Core Indicators for Public Health in Ontario

# Core Indicators Work Group <Healthy Eating Active Living (HEAL) subgroup>

|  |  |
| --- | --- |
| **Date:** | May 6, 2013, 1:30 p.m. – 3:30 p.m. |
| **Location:** | Teleconference (416) 850-2050 1-866-261-6767Password: 770439# |
| **Attendees:**  | Suzanne Fegan, Natalie Greenidge, Jeremy Herring, Ahalya Mahendra, Elizabeth Rael, Katherine Russell, Fangli Xie |
| **Regrets:** | Elsa Ho |
| **Chair:** | Suzanne Fegan |
| **Recorder:** | Natalie Greenidge |

**Agenda**

|  |  |  |
| --- | --- | --- |
|  | **Item** | Actions |
| **1.0**  | **Welcome and introductions** |  |
| **3.0** | **Approval of Agenda** | Approved without amendments. |
| **3.0** | **Approval of March 8, 2013 Minutes** | Approved without amendments. **ACTION 1:** Natalie will post minutes on the APHEO website. |
| **4.0** | **Business Arising** |  |
| 4.1 | Revision of the LRADG  |  |
|  | 4.1.1 Should we exclude all respondents with missing data? | For the Accountability Agreement indicator, the indicator used in the CMOH report and previous versions of the APHEO Core Indicator, individuals with missing data for past week alcohol use were excluded from the calculation of exceedance of the Low-Risk Alcohol Drinking Guidelines (LRADG). [Note: missing - those with a response of “Don’t Know”, “Refused”, “Not Stated” (proxy interview or if similar prior question was answered “NS”)]. Of those individuals with missing data, it is possible to identify some individuals that exceed relevant LRADG guidelines, but it is not possible to identify all or to confirm those in compliance with the LRADG. The group agreed that bias exists if the proportion of exceeders to compliers is different in the group with missing data than in the group with complete data. The group also noted that including individuals with answers for some but not all parts of the questions (i.e., categorizing someone as an exceeder) may introduce bias that would overestimate exceedance. Suzanne stated that 1% of ALL respondents with missing data may still exceed the LRDAG. **ACTION 2:** * Those with missing data in the “Alcohol Use in the Past Week (ALW)” module will be excluded from the calculation of LRADG #1.
* Those with missing data in the “Alcohol Use (ALC)” module will be excluded from the calculation of LRADG #2.
* Those with data missing from ALW and/or ALC will be excluded from the calculation of the “Exceedance of LRADG #1 and/or #2” indicator.

(Therefore the denominator for each of the three proposed indicators will be different).* An analysis checklist point or indicator comment will be included in the Core Indicator to advise of the above.
 |
|  | 4.1.2 Revision of ‘moderate’ category for exceeding Guideline 2 | Suzanne circulated a revised document, “Calculations for exceeding LRDGs\_May\_02\_2013”. The document attempts to establish levels of risk for those consuming alcohol in excess of LRADG #2 (i.e., moderate and high, based on information in the Canadian Centre on Substance Abuse policy paper “[Levels and patterns of alcohol use in Canada](http://www.ccsa.ca/2012%20CCSA%20Documents/CCSA-Patterns-Alcohol-Use-Policy-Canada-2012-en.pdf)”, table 4). The group agreed that a reference to the policy paper will be provided in the indicator, but for simplicity and clarity, different levels of risk would not be specified as part of the indicator calculation or name. **ACTION 3:** The following specific indicators will be included in the Core Indicator:* Proportion of the population that exceeds LRADG #1
* Proportion of the population that exceeds LRADG #2
* Proportion of the population that exceeds LRADG #1 and/or #2

An indicator comment will be included to advise that the level of risk of alcohol-related harm increases with the more alcohol consumed in excess of the LRADGs.  |
|  | 4.1.3 Revised version of indicator in progress | A draft of the “Drinking in excess of the low-risk alcohol drinking guidelines” Core Indicator was circulated to the group. Natalie stated that in the [CADUMS](http://www.hc-sc.gc.ca/hc-ps/drugs-drogues/stat/_2011/tables-tableaux-eng.php#t8) survey, Health Canada/Statistics Canada use alcohol consumption in the past seven days (i.e., the CCHS “ALW” module), to determine exceedance of guideline 2. However, the MOHLTC Accountability Agreement LRDG indicator, the CMOH report and the proposed APHEO LRADG Core Indicator use alcohol consumption in the past 12 months (i.e., CCHS “ALC” module) to determine exceedance of guideline 2.**ACTION 4:** This difference in the method of calculation will be noted in the “Corresponding Indicators from Statistics Canada/CIHI” section of the Core Indicator. |
|  | 4.1.4 APHEO Conference presentation | Suzanne and Natalie are creating a slide deck for the APHEO Conference presentation: “Drinking in excess of the low-risk alcohol guidelines: Core Indicator revision”. They will forward a draft to the group by Friday, May 10th. **ACTION 5:** Suzanne and Natalie would appreciate receiving feedback from subgroup members by Wednesday, May 15th. |
| 4.2 | Recommended ICD-10 groupings for chronic disease groups [Chronic lower respiratory diseases (J40-J47); COPD (J40-J44); Asthma (J45)] | At the March 8, 2013 HEAL meeting, the group decided to include the following respiratory disease definitions in the “Chronic Diseases Hospitalization” Core Indicator: * Chronic lower respiratory diseases (J40-J47)
* COPD (J40-J44)
* Asthma (J45)

Before finalizing these recommendations, the group will consult literature to support/refute these decisions. **ACTION 6:** Suzanne will check the literature she has already reviewed and identify whether an additional literature search is required by the group. |
| **5.0** | **Next Meeting** | TBD |