**Core Indicators For Public Health In Ontario**

# Core Indicators Work Group

|  |  |
| --- | --- |
| **Date:** | February 11, 2013 |
| **Location:** | Teleconference |
| **Attendees:** | Suzanne Fegan, Brenda Guarda, Mary-Anne Pietrusiak, Natalie Greenidge, Luanne Jamieson, Ahalya Mahendra, Sherri Deamond, Lawson Greenberg, Virginia Mcfarland |
| **Regrets:** | Sue Bondy, Gillian Lim, Katherine Russell, |
| **Chair:** | Brenda Guarda |
| **Recorder:** | Ahalya Mahendra |

**Draft Minutes**

|  | **Item** | **Action** |
| --- | --- | --- |
| **1.0** | Review of Agenda 5 Additions to the agenda from Virginia |  |
| **2.0** | **Review of Minutes – October 12, 2012**  No additions or amendments. Minutes approved by acclamation. | Brenda will post the minutes on the APHEO website. |
| **3.0** | **Business Arising from Last Minutes** |  |
| 3.1 | **Consistency across indicators**  Natalie updated the injury indicators. | Suzanne and Natalie to update all indicators with the couple of sentences around consistency of indicators |
| 3.2 | **Thank you letters**  Mary Anne sent letter to Brenda | Brenda to follow up on thank you letter to be sent out. |
| 3.3 | **Establishing a pool of reviewers with content expertise for Core Indicator review**  Still outstanding – is on the next Exec meeting agenda. | Brenda to follow up with Cam. |
| 3.4 | **PHO Contract Epidemiologist position for Core Indicators**  Cam sent a response to George Pasut. Natalie part of CIWG |  |
| 3.6 | **Updates to Indicators**  Latent TB can be added to the existing TB indicator. A blurb was added to indicate that not all health units may enter their LTBIs. Therefore this might lead to a data quality issues. | Latent TB can be removed from the Gaps document. |
|  |  |  |
| **3.7** | **Core Indicators Logo** Have new APHEO logo. Core indicators will not have a separate logo but will have the words “Core Indicators” incorporated into the new APHEO logo. |  |
| **3.8** | APHEO Website Redesign At this point will not change the format of Core Indicators on website. | In the future might have some work that needs to be done by the group. |
| **3.9** | Reviewer template Suzanne and Natalie asked for the group’s feedback on a draft template for reviewing Core Indicators. | Send comments to Natalie and Suzanne by June 27th. |
| **3.10** | **/APHEO Core Indicator pamphlet**  Core Indicators pamphlet could be re-branded and used as a handout. | Wait till Shanna returns and decide what to do then. |
|  |  |  |
| **3.11** | **Citing Core Indicators pages**  Email from Natalie in November who had discussed the citation with the PHO librarian. The FAQs need to be redone, which includes how to cite the Core Indicators. However, it was decided this should be a separate item on the page and not buried in the FAQs. | Needs to be deferred |
| 3.12 | **Version control/archiving**  Cam raised the issue of needing past versions of the indicators. Mary-Anne has past versions of the indicators. She rarely gets asked for old versions. We may look at including archived versions on the new website. The changes made table reflects some of the main changes but may not have sufficient detail for some people if they are trying to recreate an old indicator. | Sherri to bring to website committee to determine if there is a way to have version control and archiving. The rationale was to ensure that subgroups understand why changes were made and to have a way to see the most recent changes made. Perhaps a section in the private sign in area of the website. |
| 3.13 | **Acknowledgements on Core Indicator Resources**  This addition has been added to the guide |  |
| 3.14 | **Revised Basic Age Group suggestions**  Suggest age groups for hospitalizations, ED visits, and mortality indicators, as well as some suggestions for CCHS indicators have been added to the guide. |  |
| 4.4 | **Cancer Screening data release**  PHU data hidden with LHIN data. An email will be sent out by CCO.  No separate OBSP information at this point.  A little concerned about how hidden the PHU data is, the push for PHU data is from a couple of individuals at CCO, not necessarily from the organization. | Brenda will pull together cancer screening group immediately. |
| 4.0 | **New Business arising** |  |
| **4.1** | Updating of Alignment document | Natalie, Sherri and Mary Anne will look at the “Gaps” and the “Alignment” documents. |
| **4.2** | Debrief from APHEO Conference:  Consider adding the preventable mortality, LRDG child and youth indicators presented at the APHEO conference to core indicators.  Preventable mortality Indicator that is included in the CMOH report. Good to have an adhoc group to see how the preventable mortality indicator could be pulled into a Core Indicator. Suggested that the Leading causes group be a good place for this. To determine if Jeremy H would lead this group.  Injury group was looking at an Alcohol attributable fraction indicator for select causes of deaths and hospitalizations would be worked on by the Injury and Substance Misuse Prevention Subgroup  Child Health Data Collection Working Group pulled together by Sarah Collier (TPH) has TORs and it was felt that a discussion needs to be had on the work done by this group and how it would fit into a child health indicator working group. | Natalie to add the presentation on LRDG to the website.  Brenda to connect with Jeremy Herring about this group. Sherri would be interested in being on this group as well.  Group thought it worthwhile to explore this type of indicator.  Suzanne would be working on this.  Brenda to connect with Sarah Collier.  put a call out for a child health working group |
| **4.3** | Data availability and access  Data consortium: data availability not standard across the board. Would be like a RRFSS indicator, and while not all health units would not have access to these data, but those health units that are part of a consortium could start lobbying for the data that they need.  suggested that a small group of health units that are part of the consortiums could be pulled together to determine how other data sources within the consortiums could be better used with the data issues with the NHS and the need to find alternate data sources. | Brenda to see if she can pull the files that we need for the Job density indicator.  Mary Anne, to contact the person who posted on APHEO listserv about the data consortium to see if that person would be interested in leading a group that would look into the feasibility of leading this group. If not MAP will take the lead on this group. |
| **4.4** | **Additions to the Agenda:** |  |
|  | **Retiring indicators:**   1. We wish to retire the Crime Rate indicator altogether. It is not available at the health region level, or even at levels that approximate many health regions, since it corresponds to law enforcement jurisdictions. Because it can’t be uniformly reported across health regions, we feel it doesn’t make sense to include it as a core indicator. 2. We wish to retire the Unemployment Rate indicator. This indicator has been combined with the labour force participation rate in the Labour Force Indicators document. 3. Since Statistics Canada is cited as a source for many indicators, and the website changes frequently enough (including archiving pages) to disrupt links, is there a standardized way of recommending a browsing path that can be suggested by the CIWG, or a standard way of dealing with Statistics Canada sources? 4. The Ontario Public Health Standards blurb is the same on every single indicator. Is there somewhere else that we can put this information besides on every page? It consumes a lot of valuable visual space that might be put to better use. 5. Since there has been a [http://www.oahpp.ca/resources/documents/reports/APHEO/Alignment%20of%20the%20OPHS%20with%20the%20APHEO%20Core%20Indicators.pdf](file:///C:\\WINDOWS\\Temp\\notes00AFCF\\%3ca%20href=)"> document produced by PHO to align the OPHS with the Core Indicators, could the “Requirements/Outcomes Related to this Indicator” section be eliminated in favour of a centrally-accessible table that highlights the linkages among indicators and standards & protocols?   There was a feeling that the OPHS was a core reason that we do the Core indicators, in addition if we made this change then all the indicators would need to be revised which would be a large undertaking. Perhaps this would fit into the overall updating of the website. | We can retire this indicator for now and If some data comes from the data consortium then we can revisit this indicator.  2. This was agreed to.  4.& 5 Virginia to pull together something for the group to respond to. |
| **5.0** | **Subgroup Reports** |  |
| 5.1 | **Reproductive Health**  New indicators being developed are: maternal weight gain (going well); maternal obesity; and substance misuse at an earlier stage. Lot of discussion around BORN data, where PHUs were at in terms of data sharing agreements. No postal code data is going to be given. Lots of growing that will be occurring with BORN, but it will eventually all work out. |  |
| 5.2 | **Social Determinants of Health**  Feedback from external reviewers was reviewed at last meeting. 5-6 indicators that are either in external or internal review. Last meeting was on indicator progress |  |
| 5.3 | **Injury and Substance Misuse**  Joanne Heale should soon finish creating predefined IntelliHEALTH reports. The indicators will then be finalized. Suzanne will be doing a PHO rounds in September. |  |
| 5.4 | **Healthy Eating and Active Living**  The LRADG Core Indicator will soon be ready for external review. The subgroup is also updating ICD-10 code grouping, (specifically respiratory diseases and stroke), in the “Chronic Disease Hospitalization” and “Chronic Disease Mortality” Core Indicators, and wondered whether these indicators must undergo external review. The CIWG agreed that external review is not required and it will be sufficient to document the changes in the “Changes Made” section on the Core Indicator webpage. |  |
| 5.5 | **The Built Environment**  Traffic calming measures is ready for internal review within the BE group.  Connectivity indicator is ready for external review. The job density indicator has been shelved for now. A new indicator on Food will developed either food deserts or fast food outlet density that subgroup hasn’t decided yet. | Ahalya will pursue the use of data from the data consortium to see how well we could use these data. |
| **6.0** | **Standing Items** |  |
| 6.1 | **Operational Plan**  Couple of new items in green: Child Health WG reviewing alignment and gaps document, preventable mortality indicator.  Promotion of core indicators at APHEO conference, wasn’t there but Items on OP that need to be there but not there or any other directions?  CI workshop next year was discussed. Presenting one indicator that is detailed or around a data source that could generate a number of indicators  Oh hold: Create web page with links to other existing indicator projects and wiki. Wiki on hold since the forum should take the place of the reasons wanted to create the wiki.  Access to record-level data for existing datasets: This can be done. | Brenda to include names of individual who will review the gaps and alignment document.  Brenda Will include preventable mortality indicator.  Brenda to forward this idea to Cam.  Natalie to take the idea forward to Ruth after Brenda talks to Cam, to see if PHO would like to do the workshop together.  Brenda to follow up with Julie Stratton to determine where this finally landed.  All: Give thought to OP and some of that future direction thinking. |
|  |  |  |
| **7.0** | **Date, Time and Location of Next Meeting**  The CIWG meets every three months. | Brenda will send out a meeting request for September now. |