Advancing the Measurement of Equity in Health and Health Care

Second Science Colloquium on the Health of Canada's Official Language Minority Communities

Geoff Hynes, Manager Canadian Population Health Initiative

Canadian Institute for Health Information

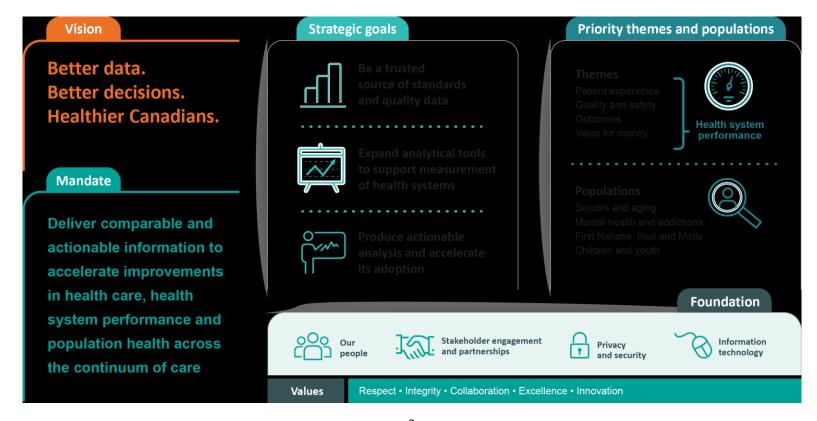


Canadian Institute for Health Information

- CIHI collects comparable pan-Canadian data on many aspects of health systems
 - Hospital care, community care, specialized care, pharmaceuticals, patient experience and safety, health workforce, spending, access and wait times
- We create opportunities for national benchmarking to improve local and system-wide patient outcomes
- We use indicator reporting, analysis, tools and innovative dashboards for health system improvement



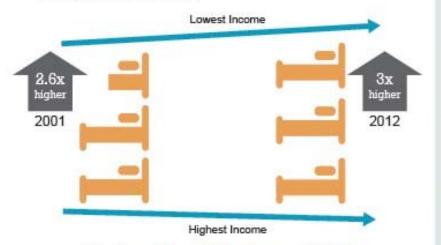
CIHI's Strategic Plan 2016 to 2021





Identifying inequalities in health and health care





Number of hospitalizations per 100,000



If all Canadians younger than age 75 had the same low rate of hospitalizations for this chronic lung disease as those in the highest income level, in 2012 there would have been about

\$150 million less in health-sector spending.

For more information on these and other health indicators, see CIHI's report Trends in Income-Related Health Inequalities in Canada at www.cihi.ca.





CIHI's equity program of work

- 1. Environmental scanning of equity data and reporting activities
- 2. Pan-Canadian stakeholder dialogue to identify core stratifiers for measuring equity in health care
- 3. Defining core stratifiers for measuring equity in health care
- 4. Demonstrating value of equity stratification through analysis and reporting
- 5. Capacity-building and knowledge transfer activities to accelerate the adoption of equity definitions and analysis





1. Environmental scanning of equity data and reporting activities



1. Environmental scanning of equity data and reporting activities

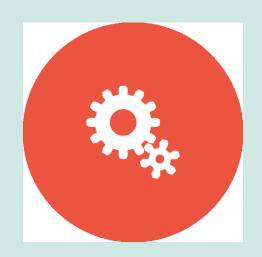
Objective

 To inventory equity stratifiers in CIHI's data holdings, as well as those prioritized by other organizations

Findings for language stratifier data use at CIHI

- Few CIHI databases contain data on patient language
 - Champlain and South East LHINs pilot project to capture patient language in hospital administrative data (DAD and NACRS)
- Supporting data requests from researchers and organizations
- CIHI reports (e.g., Factors Predicting Return Home From Inpatient Rehabilitation Following Hip Fracture Surgery included language)





2. Pan-Canadian stakeholder dialogue



2. Pan-Canadian stakeholder dialogue (March 2016)

Objectives

- 1. Identify and agree on core stratifiers for measuring equity in health care
- 2. Discuss options for accessing these stratifiers
- 3. Inform the development of an action plan for advancing equity measurement in health care in Canada

Participants

37 participants from 12 provinces/territories representing ministries of health,
quality councils, regions, academia, practitioners, Statistics Canada and the Public
Health Agency of Canada



Pan-Canadian dialogue recommendations

Not core

Household composition

Marital status

Country of birth

Occupation

Wealth

Religion

Highly rated

Language

Disability

Housing

Health insurance

Immigration status

Sexual orientation

Gender identity

Core set

Age

Sex

Geographic location

Income

Education

Indigenous identity

Ethnicity/racial groups





3. Defining core stratifiers for measuring equity in health care



3. Defining core stratifiers for measuring equity in health care

Objectives

 To produce a set of common definitions and considerations for pan-Canadian data collection and reporting of equity in health care using the following core stratifiers: age, sex, geographic location, income and education

Participants

- Collaborators: Statistics Canada, Public Health Agency of Canada and Manitoba Centre for Health Policy
- 30 working group members engaged in web board and teleconference discussions



3. Developing common definitions for core equity stratifiers

Approach

- Develop background documents on 5 core stratifiers (November 2016)
- Review definitions for core stratifiers through iterative web-based consultations (November 2016 to January 2017)
- Produce working document summarizing the proposed recommendations for definitions (by spring 2017)





4. Demonstrating value of equity stratification



4. Demonstrating value of equity stratification

Objective

 To apply and validate core stratifier definitions, as well as demonstrate the impact of measuring equity in health care across multiple stratifiers

Approach

 In collaboration with Statistics Canada, use CIHI-Statistics Canada data linkages to analyze hospital-based indicators according to equity stratifiers (e.g., asthma hospitalization by educational attainment using Discharge Abstract Database– Census linkage)





5. Capacity-building and KT activities



5. Capacity-building and KT activities

Objective

 Develop tools and information to accelerate the adoption of equity stratifier definitions and analyses

Activities

- Develop equity analysis toolkit
- Present at conferences and carry out other outreach
- Disseminate linkage study results to demonstrate the value of using multiple stratifiers





Future work on equity

- Expand equity stratifier definitions to include Indigenous identity and race/ethnicity
- Consider additional stratifiers for further development (language, housing, gender identity, sexual orientation, disability, health insurance)
- Conduct local-level analysis of trends in inequalities in urban centres (with Urban Public Health Network, Statistics Canada)
- Promote the internal and external adoption of the equity toolkit, including the core stratifiers definitions







