

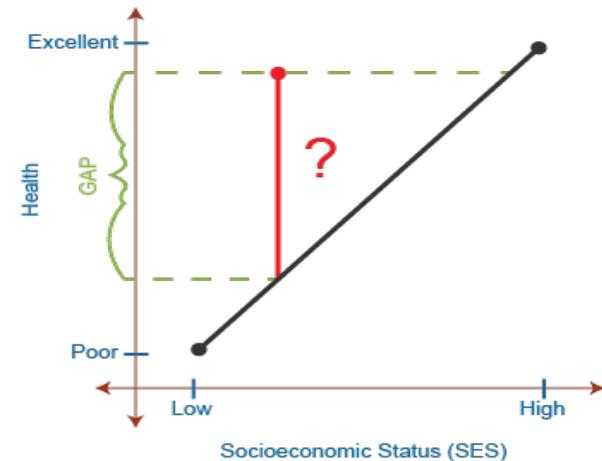
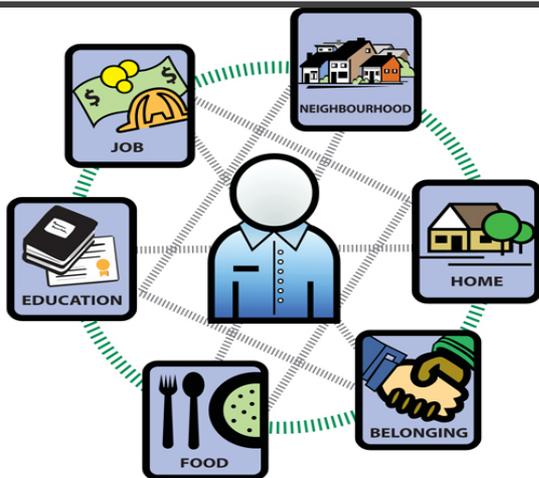
Monitoring Health Inequalities: A Pan-Canadian Baseline Reporting Initiative

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Social Determinants & Science Integration Directorate

Public Health Agency of Canada



PROTECTING CANADIANS FROM ILLNESS

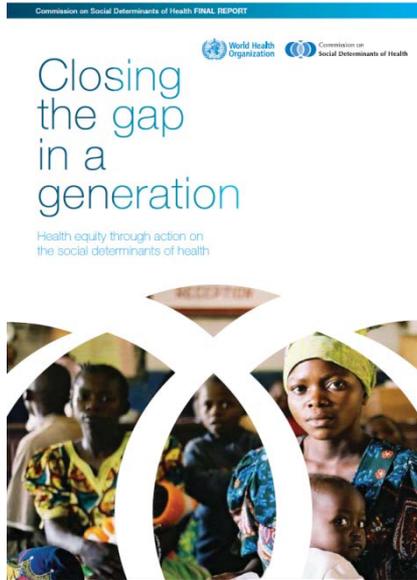


Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

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2008

WHO Commission on SDoH



All for Equity

World Conference on Social Determinants of Health

RIO DE JANEIRO | BRAZIL | 19-21 OCTOBER 2011

2011

World Conference on SDoH



Rio Political Declaration on Social Determinants of Health

Rio de Janeiro, Brazil, 21 October 2011

1. Invited by the World Health Organization, we, Heads of Government, Ministers and government representatives, came together on the 21st day of October 2011 in Rio de Janeiro to express our determination to achieve social and health equity through action on social determinants of health and well-being by a comprehensive intersectoral approach.
2. We understand that health equity is a shared responsibility and requires the engagement of all sectors of government, of all segments of society, and of all members of the international community, in an "all for equity" and "health for all" global action.
3. We underscore the principles and provisions set out in the World Health Organization Constitution and in the 1978 Declaration of Alma-Ata as well as in the 1986 Ottawa Charter and in the series of international health promotion conferences, which reaffirmed the essential value of equity in health and recognized that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social conditions". We recognize that governments have a responsibility for the health of their peoples, which can be fulfilled only by the provision of adequate health and social measures and that national efforts need to be supported by an enabling international environment.
4. We reaffirm that health inequalities within and between countries are politically, socially and economically unacceptable, as well as unfair and largely avoidable, and that the promotion of health equity is essential to sustainable development and to a better quality of life and well-being for all, which in turn can contribute to peace and security.
5. We reiterate our determination to take action on social determinants of health as collectively agreed by the World Health Assembly and reflected in resolution WHA62.14 ("Reducing health inequalities through action on the social determinants of health"), which notes the three overarching recommendations of the Commission on Social Determinants of Health to improve daily living conditions to tackle the inequitable distribution of power, money and resources; and to measure and understand the problem and assess the impact of action.

2012

Rio Declaration

PHAC activities to:

- Fortify the evidence base on factors and dynamics that drive health inequalities;
- Build capacity for the measurement and monitoring of health inequalities.

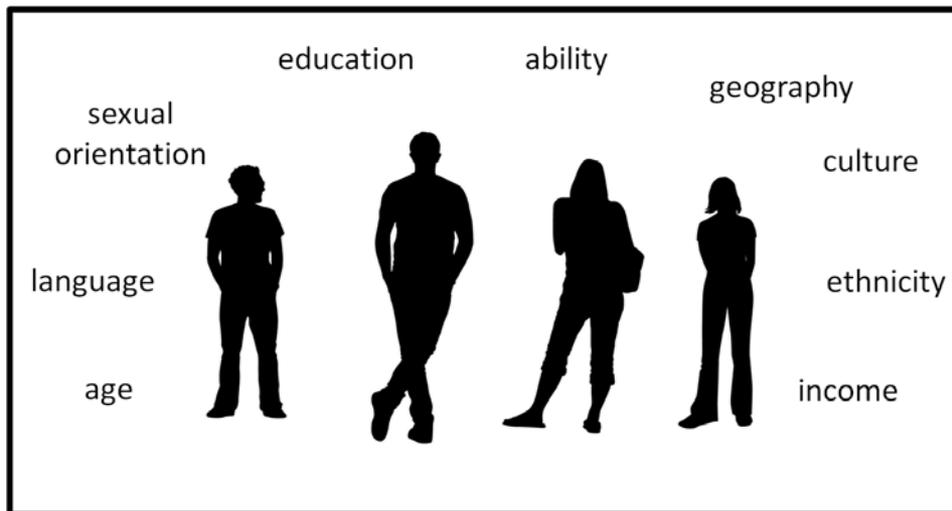


Status of Women
Canada

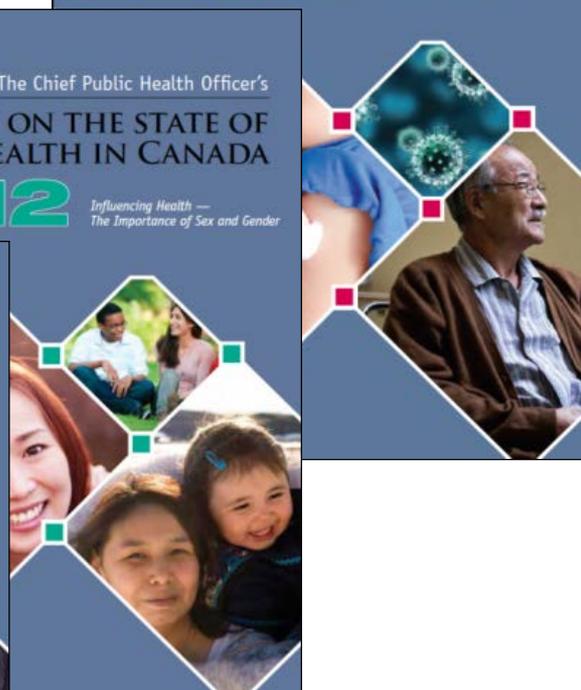
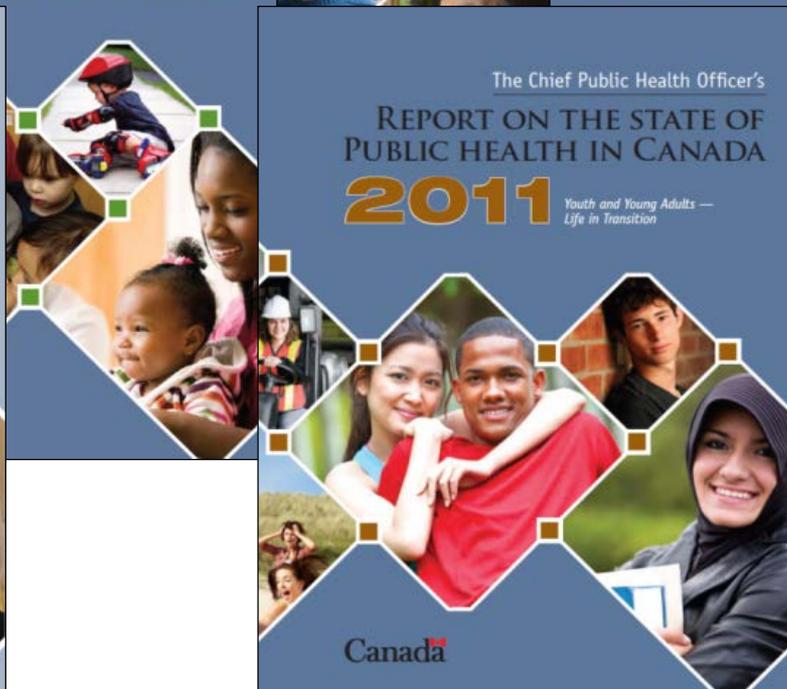
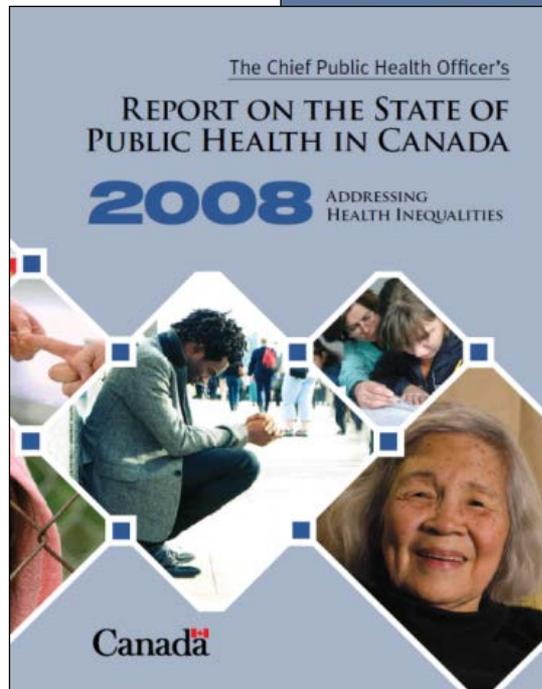
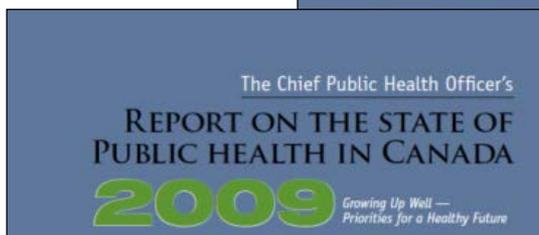
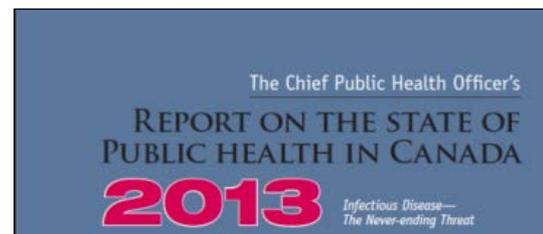
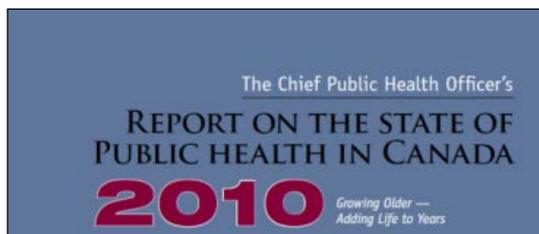
Condition féminine
Canada



GENDER-BASED ANALYSIS PLUS



Monitoring Health Inequalities: A Pan-Canadian Baseline Reporting Initiative



Agency approach to advance health equity

BUILD AGENCY CAPACITY

ENGAGE AND LEVERAGE

**USE AND STRENGTHEN
THE EVIDENCE BASE**

OUTCOMES:

- Consideration of health equity in policies and programs
- Programs are enabled to address underlying causes
- Coordinated action on social determinants of health
- Systematic reporting of health inequalities

Use and Strengthen the Evidence Base

**Pan-Canadian
reporting on
health inequalities**



Overview of the state of health inequalities in Canada and baseline against which progress and trends can be measured

**Data
infrastructure:
enhancing
availability of data
on SDoH**



e.g., Funding new data collection on discrimination as an one-time addition to the 2013 Canadian Community Health Survey

Building Consensus on Pan-Canadian Health Inequalities Reporting

2005 • F/P/T Task Group on Health Disparities

- *Role of the Health Sector in Reducing Health Disparities* report



2008 • PHAC/Pan-Canadian Public Health Network (PHN)

- *Health Disparities Indicators: Background Report for Developing Health Disparities Indicators in Canada*



2010 • Pan-Canadian Public Health Network

- *Indicators of Health Inequalities* report

Current State of Reporting on Health Inequalities in Canada: Pan-Canadian, Provincial/Territorial, Local/Regional

- **Some** recommended PHN indicators are published in **national** reports, e.g., PHAC, CIHI, Statistics Canada
 - » ***No pan-Canadian report dedicated to the systematic review of the status of health inequalities in Canada***
- **Some** PHN indicators are included in **Provincial/Territorial** health departmental reports:
 - » ***Wide variation of indicators and disaggregators across reports***
- Examples of health inequalities-specific reports at the **local/ regional** level:
 - » Vancouver Coastal Health, Saskatoon Health Region, Peel Region Public Health, Agence de la santé et des services sociaux de Montréal, etc.

Process & Engagement

- **National Advisory Committee**

- **2012:** Established to provide expert advice on report approach and scope
- **Membership:** academics, NGOs, P/T and municipal governments, Health Canada (FNIHB), PHN Healthy People and Communities-Steering Committee (HPC-SC), and Canadian Institute for Health Information (CIHI), Statistics Canada and PHAC

- **Technical Working Group**

- **2013:** Established to provide advice on data availability, access, and analysis, and to review draft reporting
- **Membership:** academics, Health Canada (First Nations and Inuit Health Branch), provincial/territorial governments, local government

Pan-Canadian Baseline Reporting on Health Inequalities

Operational definition:

Indicators of health inequalities are indicators of health status and health determinants, disaggregated by population groups

- **Indicators of Health Status**

- » E.g., mortality, self assessed physical and mental health, disease prevalence, etc.

- **Indicators of Determinants of Health (daily living conditions & structural drivers)**

- » E.g., health behaviours, physical and social environment, working conditions, health care, etc.

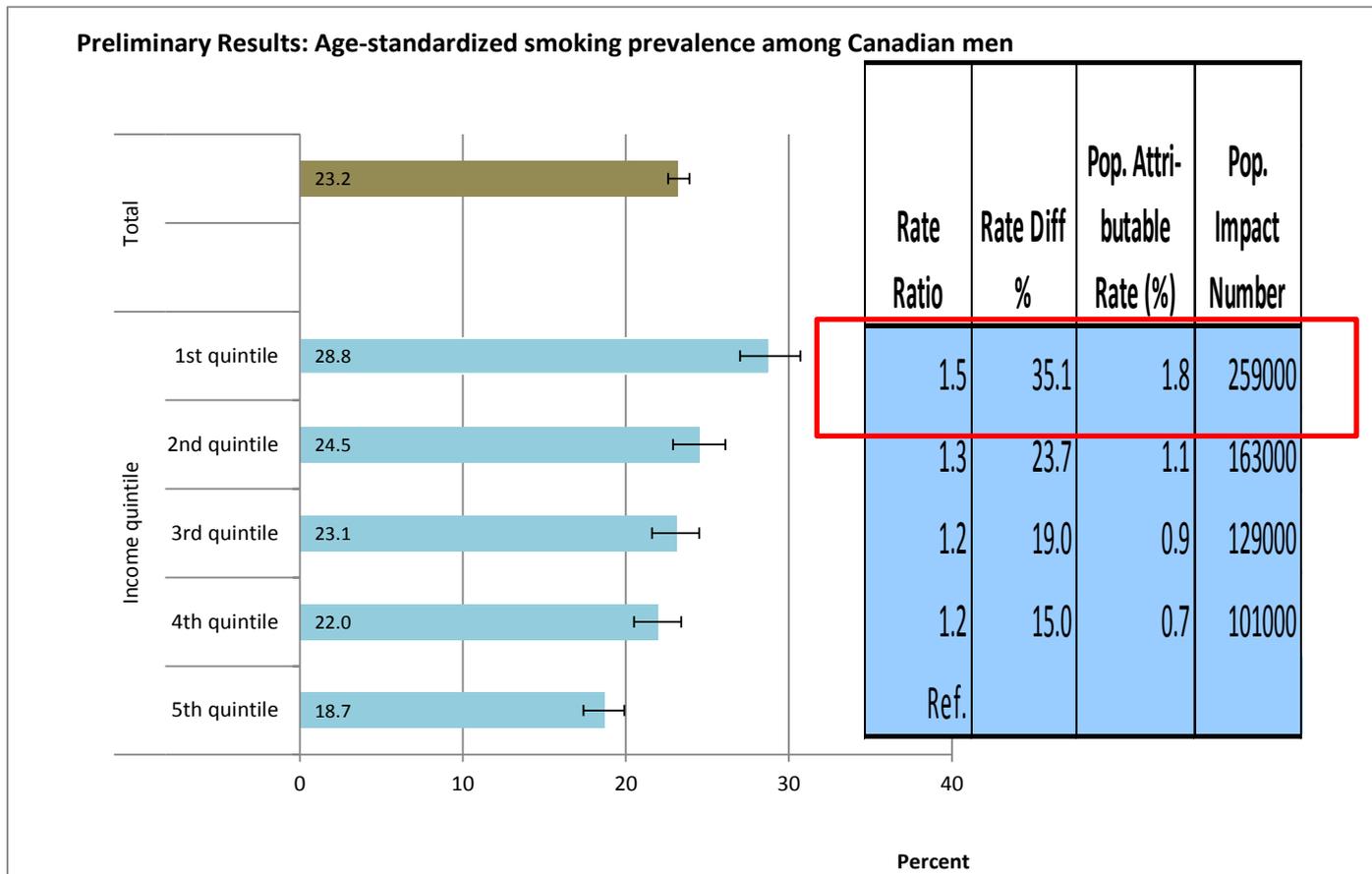
- **Disaggregators**

- » age, sex, income, education, employment, occupation, Aboriginal status, cultural/racial origin, immigrant status, rural/urban, disability, sexual orientation, Province/Territory

| Health status | | | | | |
|--|---|---|---|---|---|
| Mortality | Early Childhood Development | Mental illness | Morbidity & Disability | Self-assessed physical & mental health | Cause-specific outcomes |
| <p>Life expectancy VS</p> <p>Infant mortality VS</p> <p>CVD VS</p> <p>Lung cancer VS</p> <p>Unintentional injury VS</p> | <p>Early Development Index ^{McMaster}</p> | <p>Intentional self-harm (suicide) VS</p> <p>Hospitalizations for mental health disorders ^{CIHI}</p> | <p>Low birth weight VS</p> <p>Disability ^{CCHS, RHS}</p> <p>Overweight/obesity BMI ^{CCHS, RHS}</p> | <p>Perceived health ^{CCHS, RHS}</p> <p>Perceived mental health ^{CCHS, RHS}</p> <p>Positive mental health ^{CCHS}</p> | <p>Chronic conditions (diabetes, asthma, arthritis) ^{CCHS, RHS}</p> <p>Cancer incidence ^{CCR}</p> <p>Infectious diseases (incidence TB, HIV, Chlamydia) ^{PHAC}</p> <p>Child immunization rates ^{PHAC}</p> <p>Oral health ^{CCHS}</p> |

| Health determinants: Daily Living Conditions and Structural Drivers | | | | | |
|--|---|--|--|---|--|
| Health behaviours | Physical and social environment | Working conditions | Health care | Social protection | Social inequities |
| <p>Smoking ^{CCHS, RHS}</p> <p>Fruit/vegetable consumption ^{CCHS, RHS}</p> <p>Leisure time physical activity ^{CCHS, RHS}</p> <p>Alcohol use (heavy drinking) ^{CCHS, RHS}</p> <p>Breastfeeding ^{CCHS, RHS}</p> | <p>Core housing need ^{Census}</p> <p>Water quality ^{TBD}</p> <p>Walk/bike to work ^{Census}</p> <p>Exposure to second-hand smoke at home/In vehicles and public places ^{CCHS, RHS}</p> <p>Sense of community belonging ^{CCHS, RHS}</p> | <p>Workplace stress ^{CCHS}</p> | <p>Contact with medical doctor ^{CCHS, RHS}</p> <p>Visits with dental professional <12mth ^{CCHS, RHS}</p> <p>Colorectal / Mammography/ Pap screening ^{CCHS, RHS}</p> | <p>Eligibility for EI ^{LFS?}</p> <p>Access to subsidized child care spaces per child <6 ^{CRRU}</p> | <p>Children in low income families ^{Census}</p> <p>Homelessness ^{TBD}</p> <p>Working poor ^{LFS}</p> <p>Household food insecurity ^{CCHS, RHS}</p> |

Summary Measures of Health Inequalities: An example



Matrix of preliminary results

Draft summary matrix for rate ratios (CCHS- and Vital Statistics-based indicators)

| | | Perceived mental health ('Fair' or 'poor') | Perceived health ('Fair' or 'poor') | Participation and activity limitation ('sometimes' or 'often') | Obesity | Diabetes | Arthritis | Oral health - oral or facial pain or discomfort | Smoking | Fruit & vegetable consumption | Breastfeeding (exclusive) | Exposure to second-hand smoke (at home) | Sense of community belonging ('strong' or 'somewhat strong') | Workplace stress ('quite a bit stressful' or 'extremely stressful') | Contact with doctor | Colorectal cancer screening | Mammography screening | Pap smear screening | Food Insecurity |
|---|-------------------------------|--|-------------------------------------|--|---------|----------|-----------|---|---------|-------------------------------|---------------------------|---|--|---|---------------------|-----------------------------|-----------------------|---------------------|-----------------|
| Females | Income quintile | | | | | | | | | | | | | | | | | | |
| | 1st quintile | | | | | | | | | | | | | | | | | | |
| | 2nd quintile | | | | | | | | | | | | | | | | | | |
| | 3rd quintile | | | | | | | | | | | | | | | | | | |
| | 4th quintile | | | | | | | | | | | | | | | | | | |
| | 5th quintile | | | | | | | | | | | | | | | | | | |
| | Education (household) | | | | | | | | | | | | | | | | | | |
| | Less than high school | | | | | | | | | | | | | | | | | | |
| | High school graduate | | | | | | | | | | | | | | | | | | |
| | Some post-secondary | | | | | | | | | | | | | | | | | | |
| | Community college | | | | | | | | | | | | | | | | | | |
| | University graduate | | | | | | | | | | | | | | | | | | |
| | Education (respondent) | | | | | | | | | | | | | | | | | | |
| | Less than high school | | | | | | | | | | | | | | | | | | |
| | High school graduate | | | | | | | | | | | | | | | | | | |
| | Some post-secondary | | | | | | | | | | | | | | | | | | |
| | Community college | | | | | | | | | | | | | | | | | | |
| | University graduate | | | | | | | | | | | | | | | | | | |
| | Employment | | | | | | | | | | | | | | | | | | |
| | Employed in last week | | | | | | | | | | | | | | | | | | |
| Unemployed in last week | | | | | | | | | | | | | | | | | | | |
| Not in labour force | | | | | | | | | | | | | | | | | | | |
| Occupation | | | | | | | | | | | | | | | | | | | |
| Professional | | | | | | | | | | | | | | | | | | | |
| Managerial | | | | | | | | | | | | | | | | | | | |
| Skilled/Technical/Supervisory | | | | | | | | | | | | | | | | | | | |
| Semi-skilled | | | | | | | | | | | | | | | | | | | |
| Unskilled | | | | | | | | | | | | | | | | | | | |
| Could not be coded | | | | | | | | | | | | | | | | | | | |
| Not stated/Don't know/Refusal | | | | | | | | | | | | | | | | | | | |
| Aboriginal status | | | | | | | | | | | | | | | | | | | |
| First Nation | | | | | | | | | | | | | | | | | | | |
| Métis | | | | | | | | | | | | | | | | | | | |
| Inuit | | | | | | | | | | | | | | | | | | | |
| Non-Aboriginal | | | | | | | | | | | | | | | | | | | |
| Cultural / racial origin | | | | | | | | | | | | | | | | | | | |
| White | | | | | | | | | | | | | | | | | | | |
| Black | | | | | | | | | | | | | | | | | | | |
| East Asian | | | | | | | | | | | | | | | | | | | |
| Southeast Asian | | | | | | | | | | | | | | | | | | | |
| South Asian | | | | | | | | | | | | | | | | | | | |
| West Asian or Arab | | | | | | | | | | | | | | | | | | | |
| Latin American | | | | | | | | | | | | | | | | | | | |
| Aboriginal | | | | | | | | | | | | | | | | | | | |
| Other and Multiple origins | | | | | | | | | | | | | | | | | | | |
| Immigrant status | | | | | | | | | | | | | | | | | | | |
| Recent immigrant (10 years or less) | | | | | | | | | | | | | | | | | | | |
| Long-term immigrant (over 10 years) | | | | | | | | | | | | | | | | | | | |
| Non-immigrant | | | | | | | | | | | | | | | | | | | |
| Rural / urban | | | | | | | | | | | | | | | | | | | |
| Toronto/Montreal/Vancouver CMAs | | | | | | | | | | | | | | | | | | | |
| Other CMAs | | | | | | | | | | | | | | | | | | | |
| Tracted and non-tracted CA | | | | | | | | | | | | | | | | | | | |
| Strongly and moderately influenced (zone) | | | | | | | | | | | | | | | | | | | |
| Weakly and non-influenced (zone) | | | | | | | | | | | | | | | | | | | |
| Disability | | | | | | | | | | | | | | | | | | | |
| No activities prevented | | | | | | | | | | | | | | | | | | | |
| A few | | | | | | | | | | | | | | | | | | | |
| Some | | | | | | | | | | | | | | | | | | | |
| Most | | | | | | | | | | | | | | | | | | | |
| Sexual orientation | | | | | | | | | | | | | | | | | | | |
| Heterosexual | | | | | | | | | | | | | | | | | | | |
| Gay / lesbian | | | | | | | | | | | | | | | | | | | |
| Bisexual | | | | | | | | | | | | | | | | | | | |

Negative health outcome (e.g. prevalence of chronic disease, smoking prevalence)

| | |
|-------------------------------|--|
| possible reversed causality | |
| RR 1.0 - 1.29 | |
| RR 1.3 - 1.49 | |
| RR 1.5 - 1.99 | |
| RR 2.0+ | |
| RR < 1 and appears protective | |
| RR not significant | |

Positive health outcome (e.g. cancer screening prevalence, moderate or active physical activity level prevalence)

| | |
|-------------------------------|--|
| possible reversed causality | |
| RR 0.8-0.9 | |
| RR 0.7 | |
| RR 0.6 | |
| RR <= 0.5 | |
| RR > 1 and appears protective | |
| RR not significant | |

Next Steps

- **Consultations with key stakeholders and potential users of the report**
 - » useful visual presentation of the findings
 - » knowledge translation plans
- **Developing criteria to identify 10-15 indicators of the most pronounced inequalities for baseline reporting & future national monitoring**
- **Posting data tables for all indicators online (tbd)**
- **Identifying best practices for effective interventions on key inequalities**



THANK YOU!

Questions? Comments?

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Research

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****Many thanks to Sarah
McDermott, Sr. Analyst, SDSID***