Annex to the equity and social determinants (SDH) report- deliverable 2

Submitted to: Spanish Ministry of Health and Directorate General for Structural Reform Support

Project: Improving public health actions through better information on equity and social determinants of health and improved tools for evaluating health promotion interventions

The project is funded by the European Union via the Structural Reform Support Programme and implemented by ICF, in cooperation with the Directorate General for Structural Reform Support of the European Commission

Deliverable 2- Workshop Documents

A1.1 Workshop agenda

Taller virtual – Presentación de buenas prácticas para monitorizar y visualizar Equidad y determinantes sociales de la salud[1]

28 de septiembre 2020, 15:00-17:30 h

Reunión virtual: Zoom

Programa

Hora	Contenido
14.30	**Antes del taller:** los participantes pueden unirse a la reunión y comprobar la conexión por vídeo de Zoom y si funciona correctamente
15.00	**Comienzo del taller. Bienvenida.**
15.10	**Presentación de las buenas prácticas de Canadá, Reino Unido, Estados Unidos y Finlandia** (Traducción del inglés al español disponible). ■ 15.10-15.25: **Reino Unido - Public Health England Public Health Outcomes Framework** – Ponente: Natasha Roberts. Deputy Head of Population Health Analysis, Health Improvement: Health Intelligence. Public Health England. ■ 15.25-15.40 **EEUU – HealtheConnections HealtheCNY Community Dashboard** – Ponente: Mark Grzegorek. Community Health Solutions. Healthy Communities Institute ■ 15.40-15.55 **Canadá - Government of Canada Health Inequalities Data Tool** – Ponente: Malgorzata Miszkurka, PhD. Manager, Equity Analysis and Policy Research. Health Promotion and Chronic Disease Prevention Branch. Public Health Agency of Canada ■ 15.55-16.10 **Finlandia - Welfare compass / Hyvinvointikompassi**

[1] Se lleva a cabo con la financiación de la Unión Europea vía el Programa de Apoyo a Reformas Estructurales (SRSP) and en colaboración con la Dirección General de Apoyo a las Reformas Estructurales de la Comisión Europea (DG REFORM)

A1.2 Part 1- Presentations

HCI Overview.pdf

Canada.pdf

PHOF (002).pdf

Welfare Compass_Kilpelaine.p

Public Health England

Protecting and improving the nation's health

The Public Health Outcomes Framework

Natasha Roberts, Deputy Head of Population Analysis, 28 September 2020

Public Health England – who we are

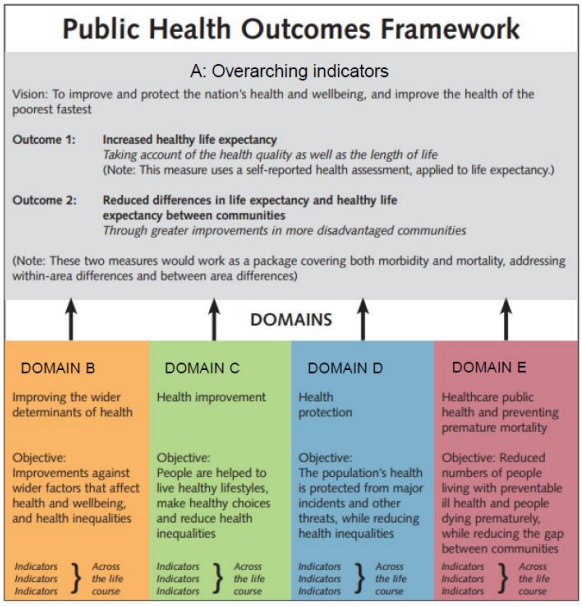
We exist to protect and improve the nation's health and wellbeing, and reduce health inequalities.

We are an executive agency of the Department of Health, and a distinct organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

Public Health England was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service.

Criteria for inclusion

Essential	
Clarity	clear what it measures, outcomes or activities
Rationale	addresses a specific policy issue or draws attention to a particular outcome
Relevance	relevant to the policy and action available to improve
Attributable	measures progress attributable to the interventions/activities
Interpretation	meaningful to the intended audience(s)
Validity	clear definition, is methodologically and technically sound from a reliable data source which is available at an appropriate level (eg LA / CCG) to make it meaningful and sustainable
Construction	the methods used support the stated purpose of the indicator and there is transparency about how they have been tested and justified
Risks	any limitations, risks or perverse incentives are identified and stated with any mitigating actions
Availability	collected at sufficient level of geographical or organisational split
Value for money	benefits without disproportionate costs and where new burdens are created these will be estimated and sustainable funding identified



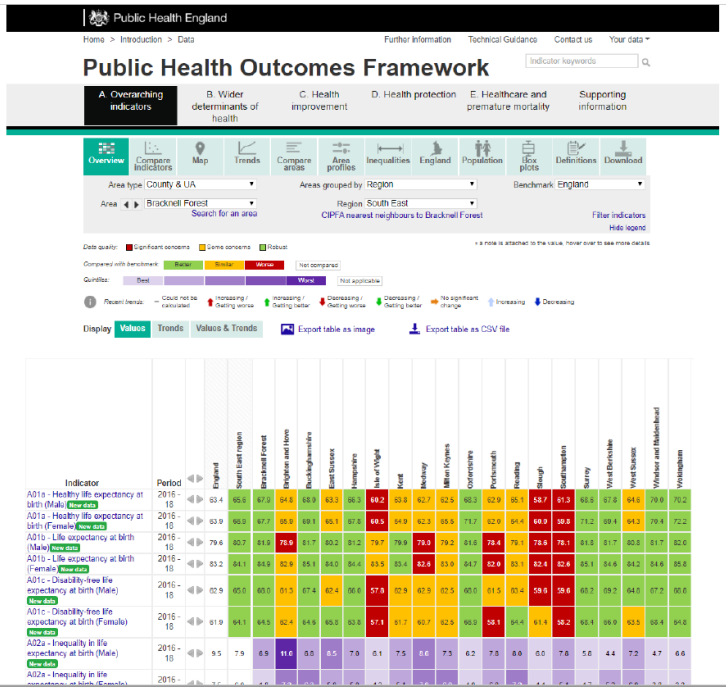
Web tool - Fingertips

PHE publish data for the PHOF through a web based tool, using the Fingertips platform which is freely available for anyone to access.

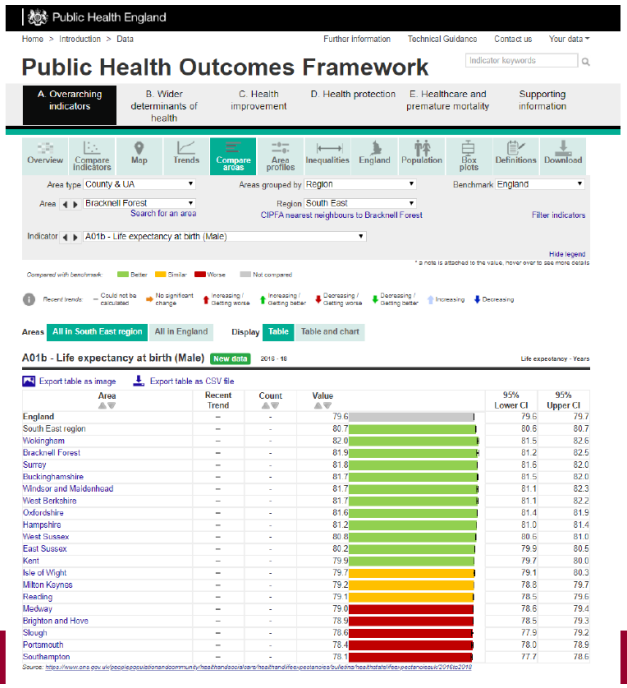
Updates to Fingertips are made on a monthly basis – usually the first Tuesday of the month.

PHOF data are published as part of a quarterly update cycle in August, November, February and May on the website: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

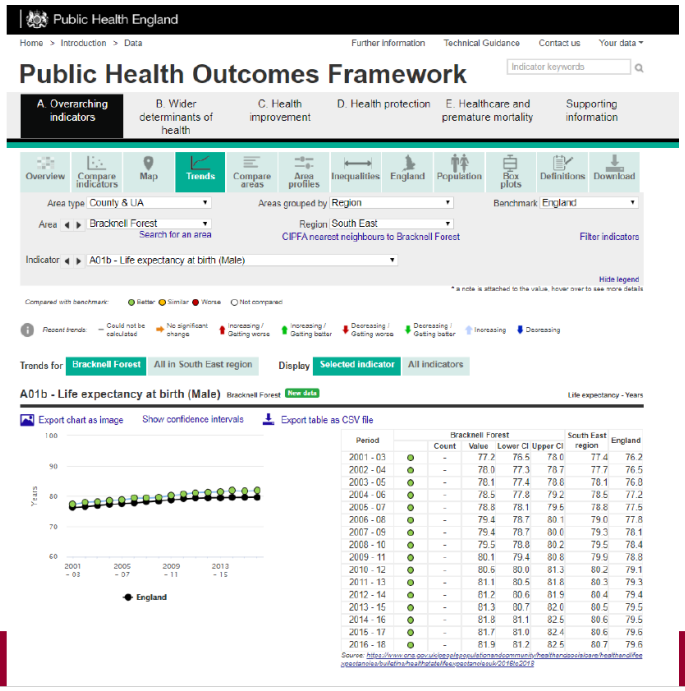
Full details of the policy and each release can be found on www.gov.uk/government/collections/public-health-outcomes-framework



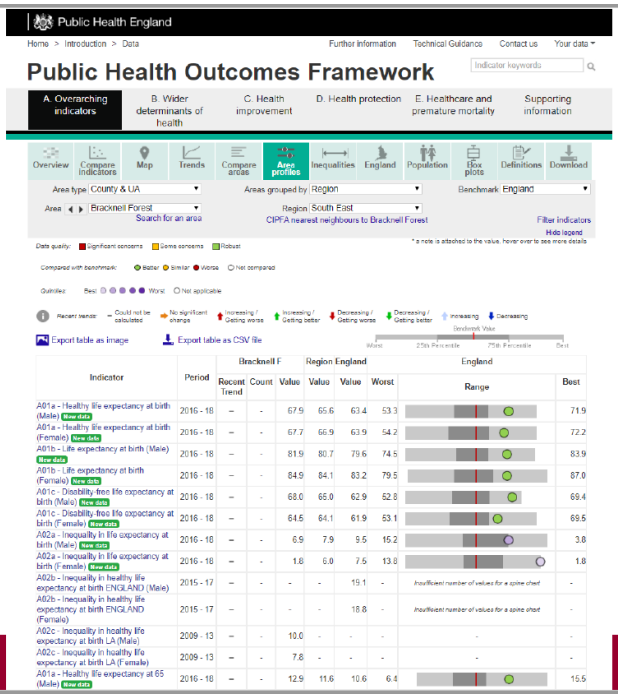
Compare areas



Trends



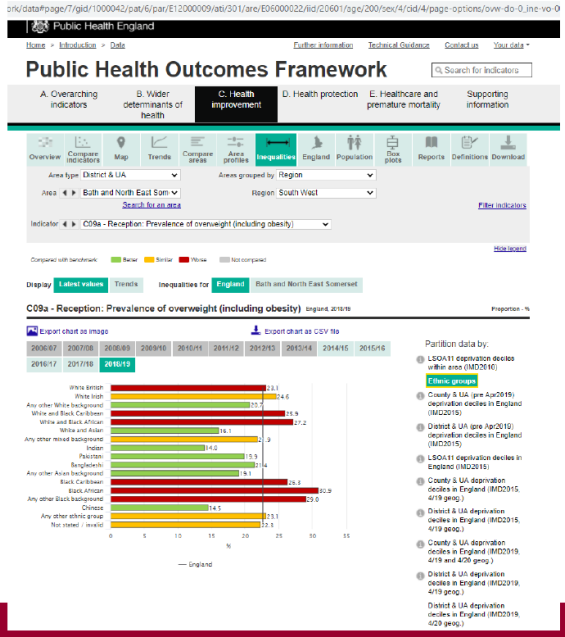
Area profiles



Inequalities

Where possible there are breakdowns by

- Age
- Gender
- Deprivation
- Ethnicity



Other visualisations available

- Compare indicators – show 2 indicators on a scatter plot
- Map – view a map of England with areas coloured with comparison
- England – view all indicators at national level
- Box plots – show the range of indicator values and percentiles

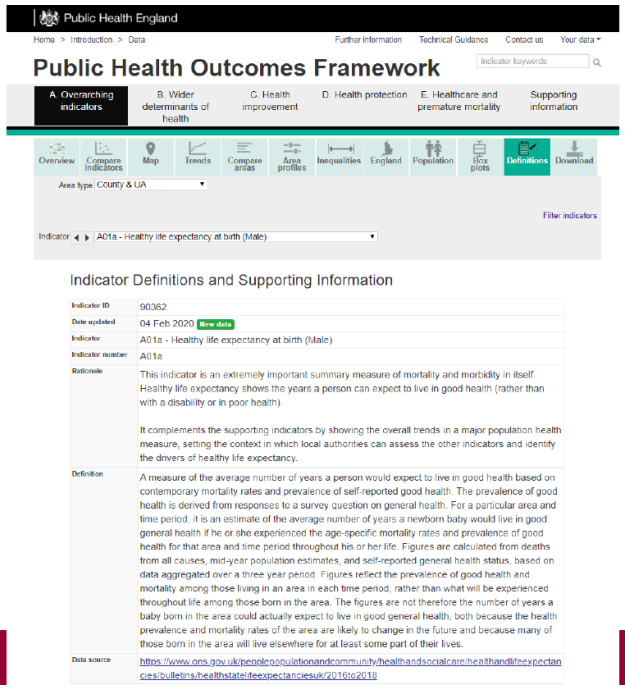
Supporting information is available:

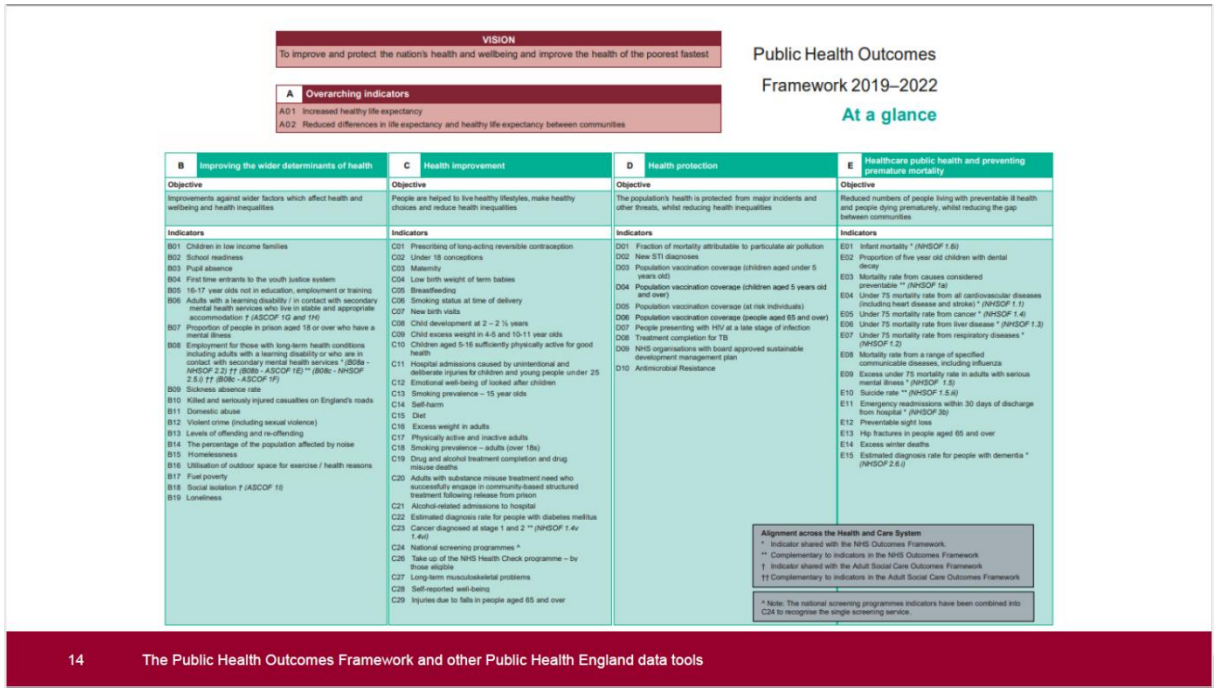
- Supporting information domain has demographic and deprivation indicators
- Population pyramids are available

Metadata

Includes:

- Rationale for inclusion
- Full definition and methods used
- Data sources
- Caveats and notes
- Disclosure control used





VISION

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

A Overarching indicators

A01 Increased healthy life expectancy
A02 Reduced differences in life expectancy and healthy life expectancy between communities

Public Health Outcomes Framework 2019–2022

At a glance

B Improving the wider determinants of health

Objective

Improvements against wider factors which affect health and wellbeing and health inequalities

Indicators

B01 Children in low income families
B02 School readiness
B03 Pupil absence
B04 First time entrants to the youth justice system
B05 16-17 year olds not in education, employment or training
B06 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation † *(ASCOF 1G and 1H)*
B07 Proportion of people in prison aged 18 or over who have a mental illness
B08 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services * *(B08a - NHSOF 2.2)* †† *(B08b - ASCOF 1E)* ** *(B08c - NHSOF 2.5i)* †† *(B08c - ASCOF 1F)*
B09 Sickness absence rate
B10 Killed and seriously injured casualties on England's roads
B11 Domestic abuse
B12 Violent crime (including sexual violence)
B13 Levels of offending and re-offending
B14 The percentage of the population affected by noise
B15 Homelessness
B16 Utilisation of outdoor space for exercise / health reasons
B17 Fuel poverty
B18 Social isolation † *(ASCOF 1I)*
B19 Loneliness

C Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

C01 Prescribing of long-acting reversible contraception
C02 Under 18 conceptions
C03 Maternity
C04 Low birth weight of term babies
C05 Breastfeeding
C06 Smoking status at time of delivery
C07 New birth visits
C08 Child development at 2 – 2 ½ years
C09 Child excess weight in 4-5 and 10-11 year olds
C10 Children aged 5-16 sufficiently physically active for good health
C11 Hospital admissions caused by unintentional and deliberate injuries for children and young people under 25
C12 Emotional well-being of looked after children
C13 Smoking prevalence – 15 year olds
C14 Self-harm
C15 Diet
C16 Excess weight in adults
C17 Physically active and inactive adults
C18 Smoking prevalence – adults (over 18s)
C19 Drug and alcohol treatment completion and drug misuse deaths
C20 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison
C21 Alcohol-related admissions to hospital
C22 Estimated diagnosis rate for people with diabetes mellitus
C23 Cancer diagnosed at stage 1 and 2 ** *(NHSOF 1.4v 1.4vi)*
C24 National screening programmes ^
C26 Take up of the NHS Health Check programme – by those eligible
C27 Long-term musculoskeletal problems
C28 Self-reported well-being
C29 Injuries due to falls in people aged 65 and over

D Health protection

Objective

The population's health is protected from major incidents and other threats, whilst reducing health inequalities

Indicators

D01 Fraction of mortality attributable to particulate air pollution
D02 New STI diagnoses
D03 Population vaccination coverage (children aged under 5 years old)
D04 Population vaccination coverage (children aged 5 years old and over)
D05 Population vaccination coverage (at risk individuals)
D06 Population vaccination coverage (people aged 65 and over)
D07 People presenting with HIV at a late stage of infection
D08 Treatment completion for TB
D09 NHS organisations with board approved sustainable development management plan
D10 Antimicrobial Resistance

E Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

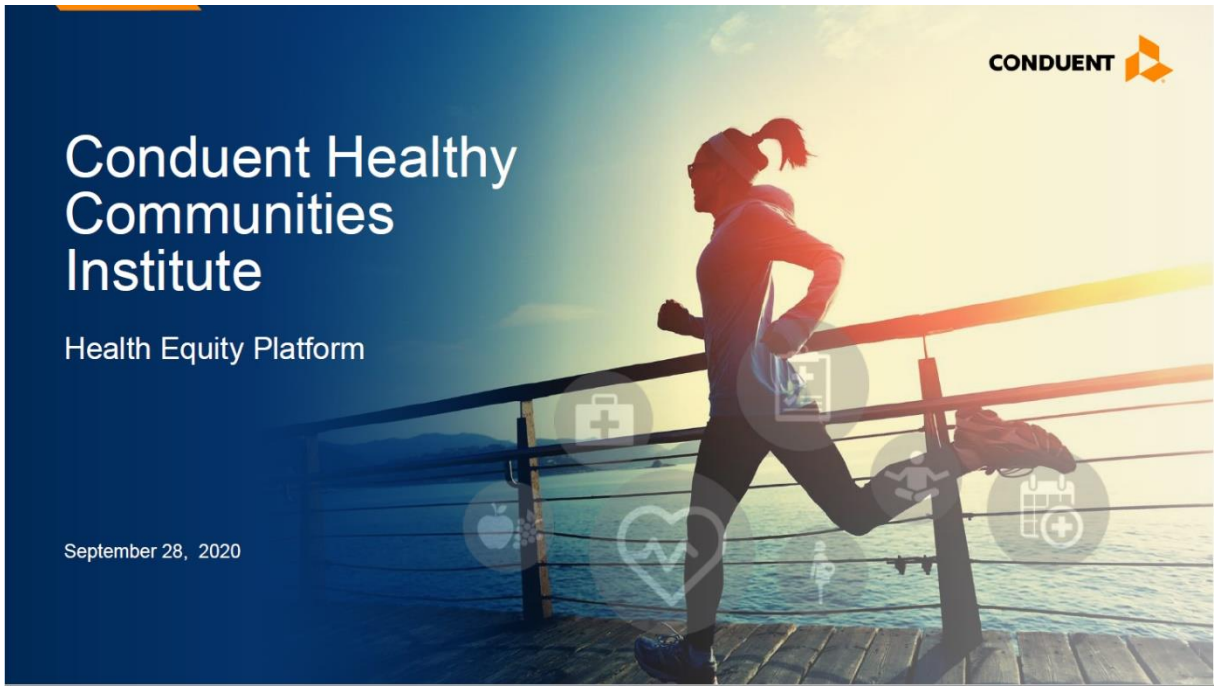
Indicators

E01 Infant mortality * *(NHSOF 1.6i)*
E02 Proportion of five year old children with dental decay
E03 Mortality rate from causes considered preventable ** *(NHSOF 1a)*
E04 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke) * *(NHSOF 1.1i)*
E05 Under 75 mortality rate from cancer * *(NHSOF 1.4)*
E06 Under 75 mortality rate from liver disease * *(NHSOF 1.3)*
E07 Under 75 mortality rate from respiratory diseases * *(NHSOF 1.2i)*
E08 Mortality rate from a range of specified communicable diseases, including influenza
E09 Excess under 75 mortality rate in adults with serious mental illness * *(NHSOF 1.5i)*
E10 Suicide rate ** *(NHSOF 1.5.ii)*
E11 Emergency readmissions within 30 days of discharge from hospital * *(NHSOF 3b)*
E12 Preventable sight loss
E13 Hip fractures in people aged 65 and over
E14 Excess winter deaths
E15 Estimated diagnosis rate for people with dementia * *(NHSOF 2.6.i)*

Alignment across the Health and Care System

* Indicator shared with the NHS Outcomes Framework.
** Complementary to indicators in the NHS Outcomes Framework
† Indicator shared with the Adult Social Care Outcomes Framework
†† Complementary to indicators in the Adult Social Care Outcomes Framework

^ Note: The national screening programmes indicators have been combined into C24 to recognise the single screening service.



Conduent HCI Team Members

CONDUENT

Caroline Cahill, MPH
Research Manager

Jane Chai, MPH
Community Health
Subject Matter Expert

Mark Grzegorek
Director of
Business
Development

Who We Are

We are a multi-disciplinary team of public health professionals with a mission to strengthen the health and well-being of *all* communities.

CONDUENT

#1 community health planning platform in U.S.

100+ community platforms

Over **12 years** of experience

200+ community health assessments and plans completed

Who we work with

- Health Departments
- Hospitals and Health Systems
- Collaboratives and Non-Governmental Organizations

Focus on Health Equity

Data Visualization and Analysis

- Dynamic dashboards
- 5500+ indicators across platforms including health, social, and economic.
- Data breakouts by gender, race/ethnicity, age group, and location
- SocioNeeds Index (SNI) and Data Scoring Tools

Linking Data to Action

- Links data to action including reports, events, activities
- Utilized for collaboration and collective impact
- Database of evidence-based and emerging practices

Technical Assistance and Capacity Building

- Stakeholder engagement and capacity building
- Advising on strategies and policy solutions
- Additional data collection and analysis
- Data analysis, reports, and plans

Health Equity Data Approach
Choosing Meaningful Data

CONDUENT

Utilizing national frameworks helps communities track progress over time and encourage collaboration across different sectors.

Data can show inequities by ethnicity, gender, immigration status, neighborhood

Validated methodology

Annual publication of data

Data aligns with state or national initiatives

Data Across the Health Equity Spectrum

CONDUENT

Data can show inequities by ethnicity, gender, immigration status, neighborhood

UPSTREAM → DOWNSTREAM

SOCIAL INEQUITIES	INSTITUTIONAL INEQUITIES	LIVING CONDITIONS	RISK BEHAVIORS	DISEASE & INJURY	MORTALITY
• Persons Living Below Poverty • Linguistic Isolation • Hate Crimes • Gender Pay Gap	• Adults who had Difficulties Receiving Mental Health Care • Juvenile Arrest Rate • Unemployment Rates • Registered Nurse Supply	• Homes with Mold • Access to Parks • Access to Internet • Air Quality • Unsheltered Homeless	• Adults who Smoke • Adolescents who use Alcohol • Condom Use • Vaccination Rates	• Adults with Diabetes • Adults who are Obese • Hospitalizations due to Asthma • HIV Rates	• Life Expectancy • Death Rate due to Cardiovascular • Death Rate due to COVID-19 • Infant Mortality Rate

Adapted from Bay Area Regional Health Inequity Initiative

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Government, Private, and Local Sources

Government Agencies

- **U.S. Census Bureau:** Demographics, Housing, Employment
- **U.S. Centers for Disease Control and Prevention:** Death Rates, National-Level Disease Prevalence
- **State Health Departments:** State-Level Disease Prevalence, Child, Teen and Adult Risk Behaviors

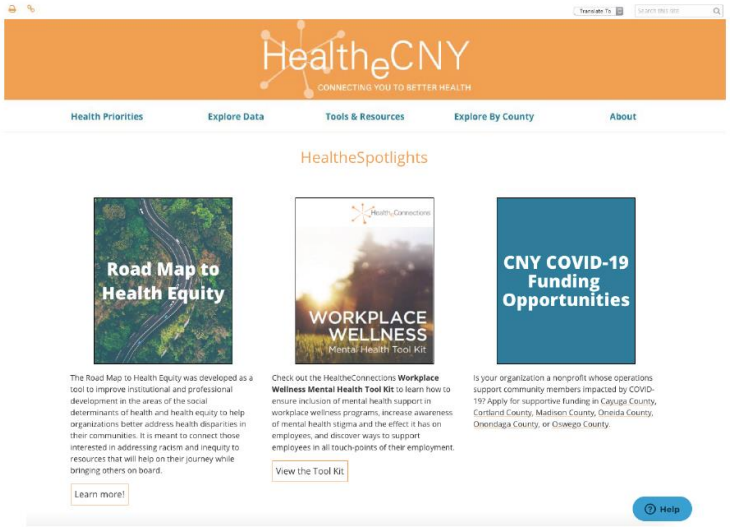
National & Private Research Organizations

- **National Cancer Institute:** Cancer Incidence and Death Rates
- **National Surveys on Drug Use and Health:** Opioid Use, Mental Health Statistics
- **Consumer Spending:** Household Spending on Prescription Drugs, Adult Spending on Alcohol

Local Sources

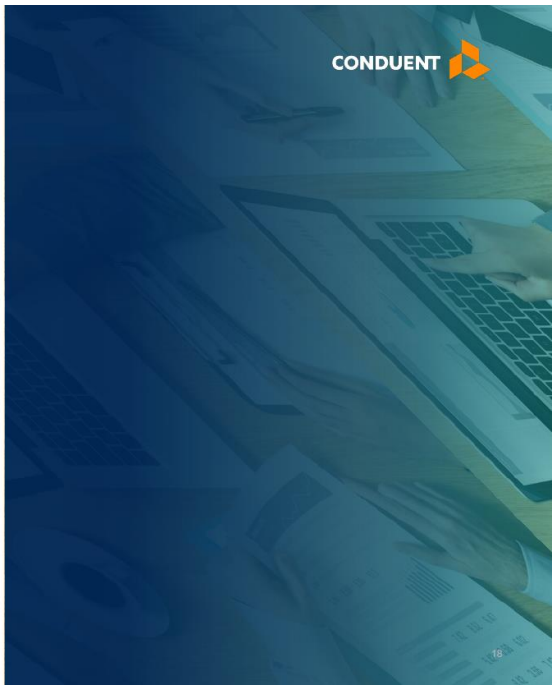
- **Local Health Departments:** Community Survey Results, Local Disease Prevalence
- **Universities:** Special Population Reports and Briefs
- **Research Organizations:** Child and Teen Welfare Data, Juvenile Justice and Incarceration Data

Demonstration



Best Practices and Lessons Learned

- **Centralized data** (health, social, and economic indicators) allows comparison and collaboration across sectors
- **Data visualization and analytic tools** help make sense of data and tell the stories behind the data
- Ability to link to reports and best practices transforms **data into action**
- Expertise is still needed to **build capacity** and advise on stakeholder engagement and policy development



Policies and Programs

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WELFARE COMPASS

for regional health and welfare monitoring in Finland

Katri Kilpelainen and Suvi Parikka
5/20/2021
Finnish Institute for Health and Welfare

Welfare Compass – agenda

Current version

- Strengths
- Indicators
- How it looks like?
- Technical details
- Weaknesses (development ideas)

Development phase

- Health monitoring in Finland – background
- Key indicator programme
- indicators selection process
- Health, welfare and services monitoring - data sources in welfare compass
- Population surveys used in welfare compass
- Requirements for visualisation tool

thl

2

Current version

Finnish Institute for Health and Welfare

Strengts of the Welfare Compass

- A free website in Finnish, Swedish and English
- Collection of 100 key indicators, which gives an overview of the health and welfare situation in the region, and enables comparison between regions
- Main target groups: regional and municipal decision-makers, specialists in promoting health and wellbeing, Ministry of Social Affairs and Health
- Welfare Compass helps
  - to get an overview of the development of health, welfare, and social and health services in Finland
  - to compare your municipality, hospital district, or region with the region of your choice
  - to easily select information for your municipality's welfare report
  - to quickly design high-quality presentations

thl 4

Indicators in the Welfare Compass

- 100 indicators collected from the Sotkanet database (of 3000 indicators)

- Grouped into three profiles
  - *Welfare profile* includes the most central indicators for population health and welfare
  - *Service profile* covers the key indicators for the performance of the social and health service system
  - *Population profile* contains the key figures describing the population structure and changes

- Presented at
  - national level
  - regional level
  - hospital district level
  - university hospital special responsibility area level
  - municipal level (if possible)

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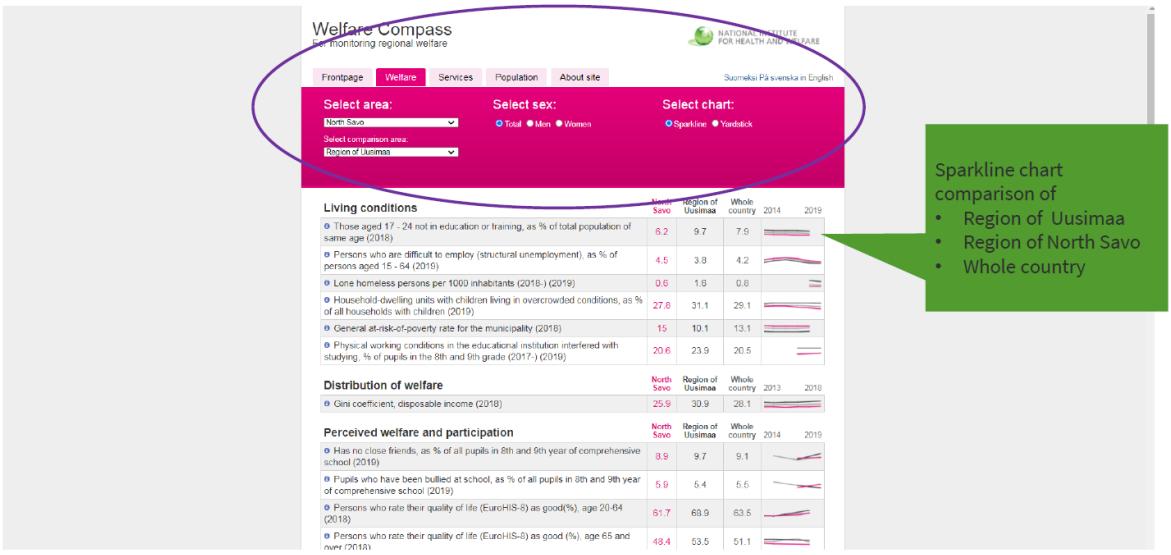
Welfare Compass: Sparkline chart



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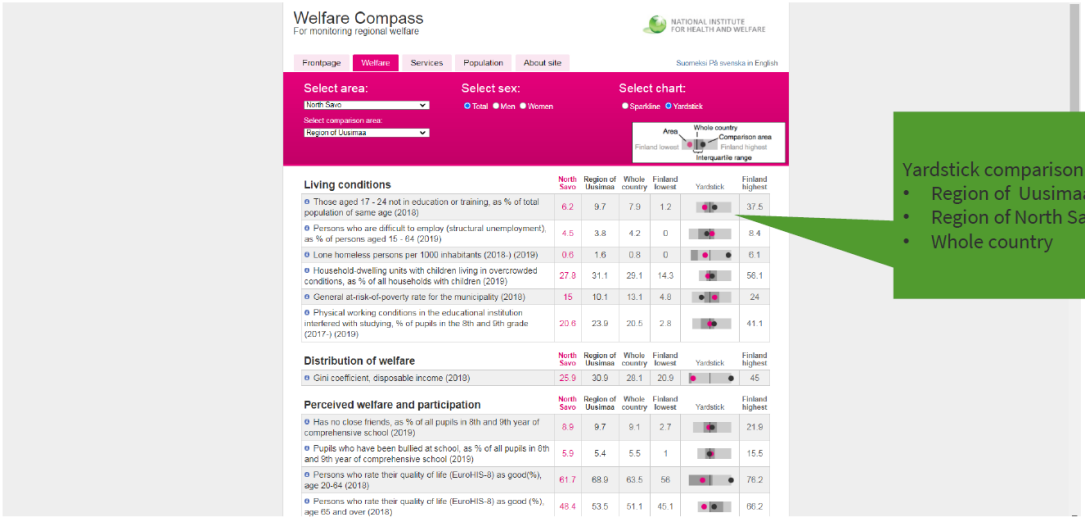
Welfare Compass: Yardstick chart



Yardstick comparison of
- Region of Uusimaa
- Region of North Savo
- Whole country

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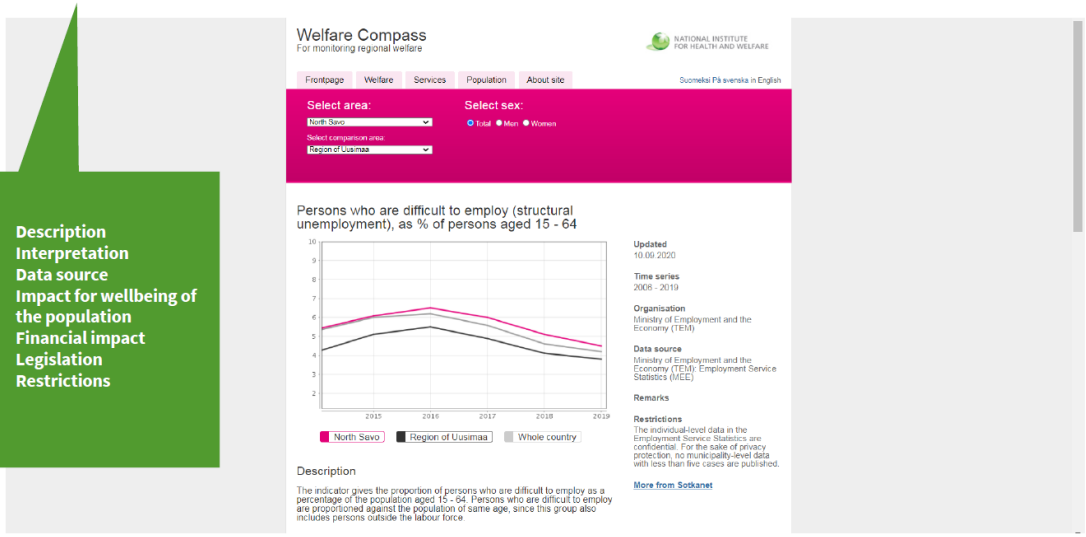
Metadata

- Description
- Interpretation
- Data source
- Impact for wellbeing of the population
- Financial impact
- Legislation
- Restrictions



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Technical details

- Website was developed at the Finnish Insitutute for Health and Welfare (THL)
- Key indicator data and metadata is read from THL's Sotkanet.fi open interface (REST API)
- Website consists of the front page, 3 profile views, an indicator view, and dynamically generated profile views in PowerPoint and Excel formats
- Website was built with Liferay portal and Java portlets technology
  - About Liferay: https://en.wikipedia.org/wiki/Liferay
  - About Java portlets: https://en.wikipedia.org/wiki/Java_Portlet_Specification

thl 9

Development phase

Finnish Institute for Health and Welfare

Health monitoring in Finland - background

The primary aim of health monitoring is to collect up-to-date information on health, well-being and their determinants in the population so that:

- (important and/or amenable) problems can be identified
- services can be improved
- preventive actions can be developed
- inequalities and their determinants can be identified/monitored
- future time trends can be projected based on different scenarios

thl

11

Health monitoring in Finland - background

The primary aim of health monitoring is to collect up-to-date information on health, well-being and their determinants in the population so that:

- (important and/or amenable) problems can be identified
- services can be improved
- preventive actions can be developed
- inequalities and their determinants can be identified/monitored
- future time trends can be projected based on different scenarios

thl

11

Key indicator programme (2009-2012)

- Aim was to define, test and describe the key indicators that are needed in the national and, especially, regional monitoring for
  - population health and welfare
  - the performance of social and health care services
- Development of visualisation tool using a Sotkanet database
  - Regional inequalities
  - Inequalities between population groups (age, gender, SEP)
- Horizontal co-operation with experts from all the THL's divisions, coordinated by THL (2,5 persons)
- Co-operation with regional partners as well as several national actors (Ministry of Social Affairs and Health, Prime Minister's Office etc.)

thl

Indicators selection process

1. Define the most important subject areas of social well-being, health, and social and health services
2. Identify a compact set of valid indicators for the whole country as well as for regions, based on available national data sources and existing indicators
3. Locate the main gaps in information and outlined ways to mend them in the future
4. Customers´s needs were also taken into account in indicator selection process (questionnaire)

thl

Health, welfare and services monitoring - data sources in Welfare Compass

1. Vital statistics, causes of death, disposable income (Statistics Finland)
2. Disease registers – e.g. coronary disease events (THL)
3. Services and benefits related with health
   - drug purchases, entitlements to specially reimbursed medication, sickness benefits etc. (Social Insurance Institution SII)
   - hospital care (THL)
   - work disability pensions etc. (Finnish Centre for Pensions ETK)
4. Other registers (e.g. unemployment etc., Ministry of Employment and Economy)
5. **Questionnaire surveys**

thl

Population surveys used in welfare compass

- **FINSOTE** – National Survey of Health, Wellbeing and Social and Health Services (www.thl.fi/finsote)
  - Mixed-mode data collect: a web and paper form questionnaire
  - Annually a nationally representative sample of 10 000 – 15 000 adults aged 20+
  - Every 2-4 years (2018, 2020,…) sample size 60 000 – 70 000 is targeted to meet regional need

- **School Health Promotion Study**
  - biannually, N = 300 000
  - Voluntary and anonymous study, online questionnaire during the school day under teacher's supervision
  - 8th and 9th graders from comprehensive schools
  - 1st and 2nd graders from upper secondary schools
  - 1st and 2nd graders from vocational schools

thl

Requirements for visualisation tool

- Stratifiers
  - regions, gender and age
  - SEP (education widely used in Finland)

- How to visualise the uncertainty related to sample estimates?
  - confidence interval was seen the best way to estimate the degree of uncertainty
  - sparkline visualisation and deletion of small cells was used due to technical restrictions

- Indicator metadata structure: description, calculation, data source, **interpretation** (e.g national recommendation for preventive actions in municipalities)

thl 16

Weaknesses of the Welfare Compass (Development ideas)

- To add indicators of socio-economic health and welfare inequalities (for some of the indicators, data are available in the website Terveytemme (Our Health), www.terveytemme.fi)
- To reconsider the indicator set from the point of view of sustainable development and to make the revisions needed
- To add the possibility to choose more areas for comparison
- To include more information on primary health care outcomes (will be available as the data collection for the Register of Primary Health Care Visits (AvoHILMO) is extended)
- To include information especially on service quality and outcome when adequate data will be available
- To add information for interpreting the indicators
- To produce more educational material and to promote the use of key indicators and Welfare Compass

thl 17

Thank you!

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Public Health Agency of Canada | Agence de la santé publique du Canada

Canada

Best practices on monitoring and visualisation of equity and social determinants of health – the Canadian experience

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Public Health Agency of Canada

PROTECTING AND EMPOWERING CANADIANS TO IMPROVE THEIR HEALTH

The Pan-Canadian Health Inequalities Reporting Initiative (HIRI) Overview: domestic and global drivers

ICF

The Pan-Canadian Health Inequalities Reporting Initiative

- Launched in 2012 in response to domestic and international calls for more routinely disaggregated data to inform action on health equity
- Led by the Public Health Agency of Canada in collaboration with Statistics Canada, provincial and territorial government partners, and key non-governmental data custodians

Public Health Agency of Canada / Agence de la santé publique du Canada
- Federal lead for public health

Pan-Canadian Public Health Network
- Forum for federal, provincial, and territorial public health coordination

Statistics Canada / Statistique Canada
- Canada's national statistical agency

Canadian Institute for Health Information / Institut canadien d'information sur la santé
- National non-governmental organization for health system data

FNIGC | CGIPN
First Nations Information Governance Centre / Le Centre de gouvernance de l'information des Premières Nations
- Indigenous-led organization for on-reserve First Nations data initiatives

Engaging partners and stakeholders: A critical ingredient for maximizing impact

- National Indigenous Organizations
  - Assembly of First Nations / Assemblée des Premières Nations
  - Métis National Council / Ralliement national des Métis
  - Pauktuutit Inuit Women of Canada
  - National Collaborating Centre for Aboriginal Health / Centre de collaboration nationale de la santé autochtone
- Knowledge mobilization partners
  - Think upstream
  - CIHR IRSC (Canadian Institutes of Health Research / Instituts de recherche en santé du Canada)
  - National Collaborating Centre for Determinants of health / Centre de collaboration nationale des déterminants de la santé
  - CMHC SCHL
  - Women and Gender Equality Canada / Femmes et Égalité des genres Canada
  - Immigration, Refugees and Citizenship Canada / Immigration, Réfugiés et Citoyenneté Canada
  - Employment and Social Development Canada / Emploi et Développement social Canada

Pan-Canadian Health Inequalities Reporting Initiative: 16 National Data Sources

Statistics Canada / Statistique Canada

- Canadian Community Health Survey
- Vital Statistics databases
- Canadian Cancer Registry
- Census data
- National Household Survey
- Canadian Health Measures Survey
- Canadian Survey on Disability
- Survey of Young Canadians
- Employment Insurance Coverage Survey
- Uniform Crime Reporting Survey (UCR)

Offord Centre for Child Studies
Early Development Instrument

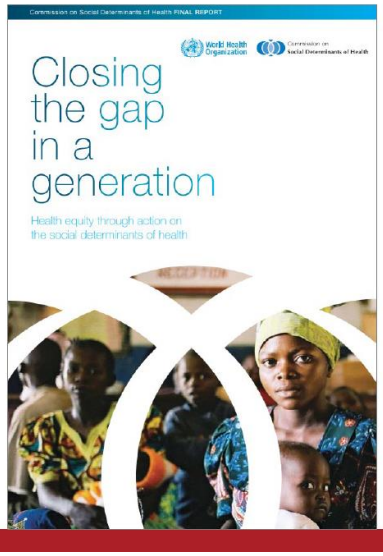
Canadian Institute for Health Information / Institut canadien d'information sur la santé (CIHI / ICIS)
Hospital Mental Health Database

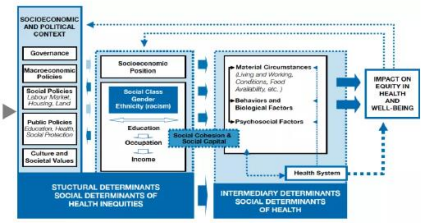
FNIGC | CGIPN
First Nations Information Governance Centre / Le Centre de gouvernance de l'information des Premières Nations
First Nations Regional Health Survey

Public Health Agency of Canada / Agence de la santé publique du Canada

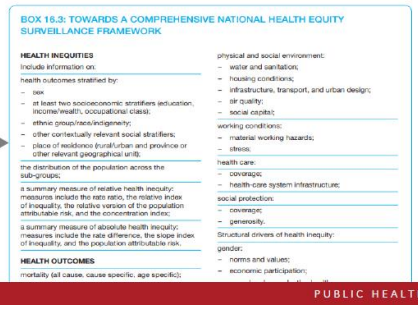
- Canadian Tuberculosis Reporting System
- National HIV/AIDS Surveillance System
- Healthy Behaviour of School-Aged Children

Conceptual background: The Commission on the Social Determinants of Health





CSDH conceptual framework



Comprehensive national health equity surveillance framework

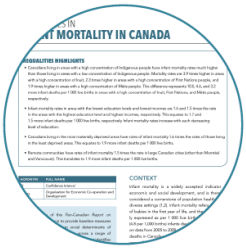
The Pan-Canadian Health Inequalities Reporting Initiative: Key products

Health Inequalities Data Tool

Online database containing the full set of disaggregated data

Continuous expansion and updates based on new data availability

Key Health Inequalities in Canada: A National Portrait



Status report detailing some of Canada's most pronounced and widespread health inequalities

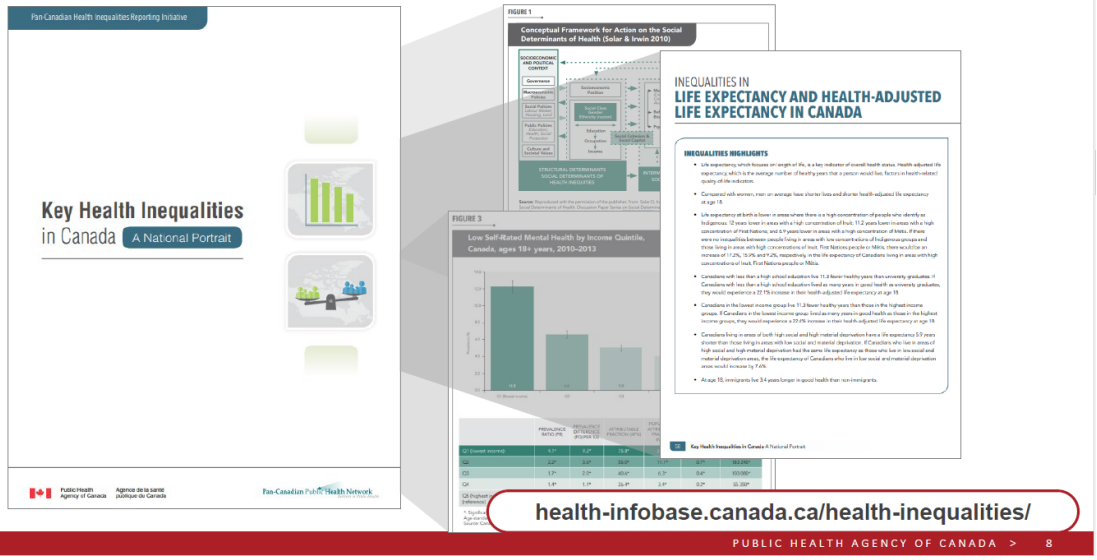
Based on a subset of 22 core indicators

Knowledge translation products

Resources to engage and mobilize non-technical audiences:

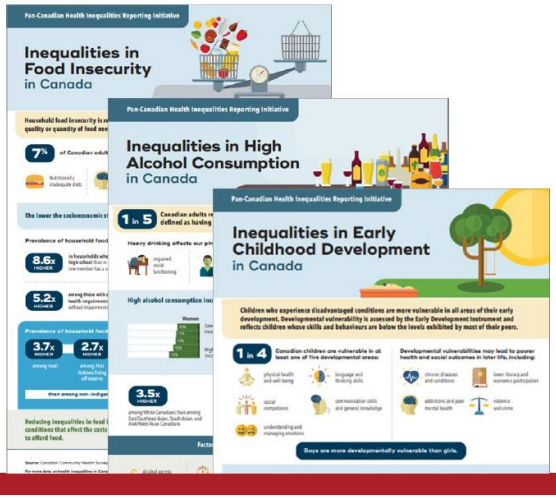
- YouTube video
- Infographics

Key Health Inequalities in Canada: Telling the stories behind the numbers



Knowledge translation products: Reaching new audiences to mobilize action

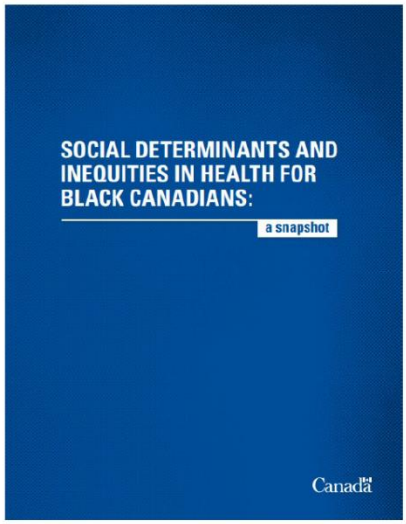
- Infographics

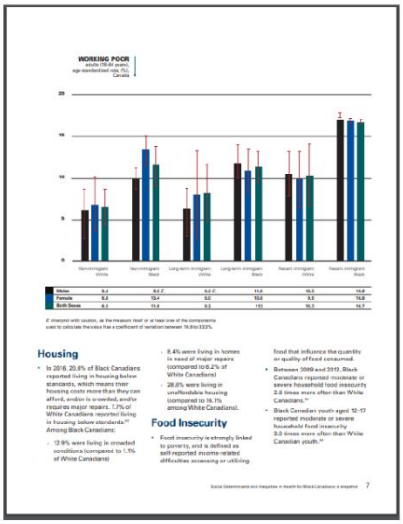


- Introductory video (Youtube)

health-infobase.canada.ca/health-inequalities/

Population-specific reporting

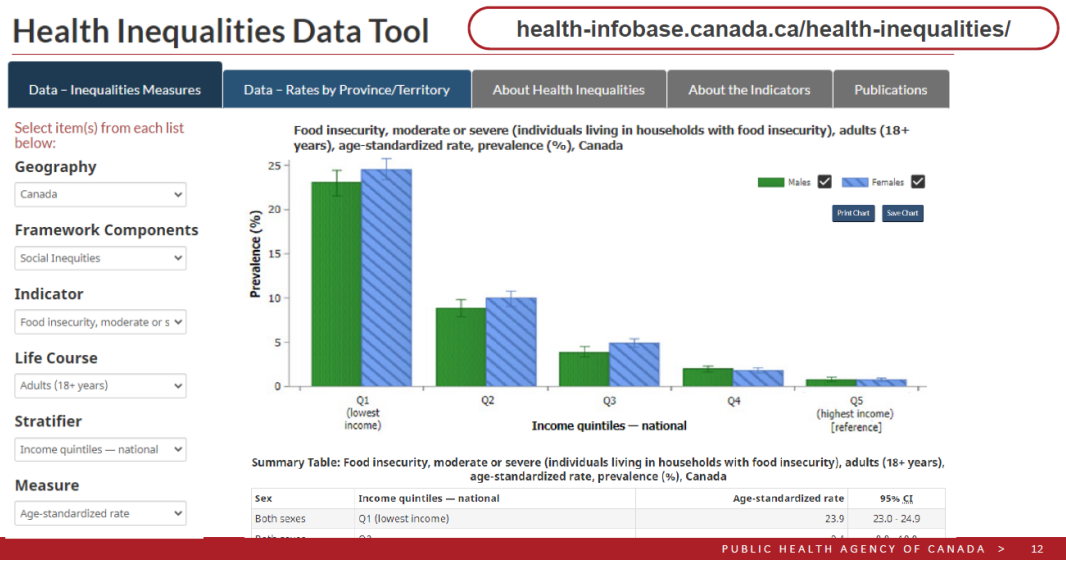




Uptake and impact: recent examples

Influencing federal policymaking and Parliamentary business	▶ House of Commons studies: health of LGBTQIA2 communities; fitness and physical activity among youth ▶ Memoranda to Cabinet: enhancing food literacy; renewed diabetes strategy ▶ Policy on place-based strategies to engage communities across Canada
Providing equity context for new programming	▶ Promoting Health Equity: Mental Health of Black Canadians ▶ New cycle- Tobacco control
Supporting equitable public health responses to COVID-19	▶ Application of an equity lens to the development of PHAC's COVID-19 public guidance and communications: ▶ 2020 Report on the State of Public Health in Canada ▶ Canada COVID-19 Vulnerability Dashboard ▶ SGBA+ ; COVID- 19 guidance documents

Health Inequalities Data Tool: Disaggregated data at one's fingertips



The Pan-Canadian Health Inequalities Reporting Initiative: Scope and approach

Data for
OVER 100 HEALTH-RELATED INDICATORS…

…disaggregated by each of
16 SOCIAL AND DEMOGRAPHIC STRATIFIERS
meaningful to health equity.

* Where data allow

Health Status

Including indicators for:

- Mortality and life expectancy
- Morbidity and disability
- Mental illness and suicide
- Self-assessed physical and mental health
- Disease/Health conditions

Health Determinants

Including indicators for:

- Health behaviours
- Physical and social environments
- Health care
- Social protection
- Working conditions
- Social inequities
- Early childhood development
- Interactions with the justice system
- Socioeconomic conditions

Socioeconomic Status

- Income
- Education
- Employment
- Occupation
- Material and social deprivation

Indigenous Identities

- First Nations / Inuit / Métis

Place of Residence

- Urban/rural

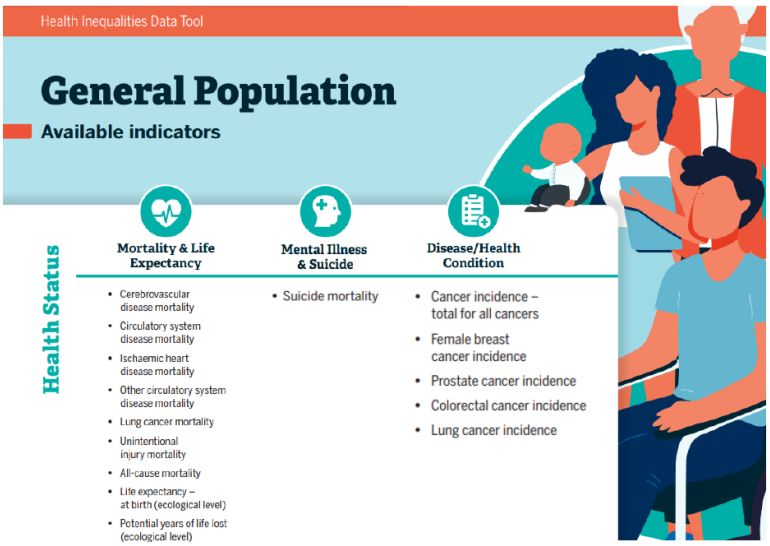
Population Groups

- Age
- Immigrant status
- Sexual orientation
- Functional health
- Race/ethnicity
- Living arrangement
- First official language spoken

Sex:
- Male/female

Jurisdiction:
- National or Provincial/Territorial

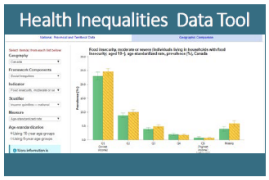
Stratifiers – Area-based measures



Health Inequalities Data Tool: Measures of inequality

EFFECT MEASURES Magnitude of the inequality between two population groups	**Rate Ratio (RR)** Relative inequality **Rate Difference (RD)** Absolute inequality **Attributable Fraction (AF)** Percent (%) rate reduction in a sub-population
POPULATION IMPACT MEASURES Impact of the magnitude of the inequality between two population groups within the total population	**Population Attributable Rate (PAR)** Absolute rate reduction in the total population **Population Attributable Fraction (PAF)** Percent (%) rate reduction in the total population **Population Impact Number (PIN)** Absolute number of cases reduced in the total population

HIRI: Overview of next phase of work



Refresh HI data

Approach: Analyze and update

- Streamlining of existing indicators and measures
- Expanded indicator inventory based on emerging priorities
- Replace area-based measures with linked data

Report on current HI status

Approach: Explore scenarios

- Changes in inequalities over time
- Intersectional analyses
- Population-specific reporting
- New format(s)

***NEW! ***

Addressing health inequities in Canada

Linking evidence to action

Build evidence on effective health equity interventions

Approach: Explore scenarios

- Inventory of interventions
- Infographics
- Policy briefs
- Microsimulation modeling