

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health/CEO

DATE: 2018 January 18

HEALTH EQUITY INDICATOR PRIORITIZATION FOR 2018

Recommendation

It is recommended that Report No. 002-18 re: “Health Equity Indicator Prioritization for 2018” be received for information.

Key Points

- The Health Equity Advisory Taskforce (HEAT) completed a high-level review of organizational compliance with the Health Equity Indicators for Ontario Local Public Health Agencies, and prioritized indicators, and their associated areas of work, based on identified criteria.
- More in-depth assessment, with recommendations for action, will guide efforts from 2018–20.

Background

Following the completion of a PHO-supported Locally Driven Collaborative Project, the “[Health Equity Indicators for Ontario Local Public Health Agencies User Guide](#)” (April 2016) was shared with health units across the province. The User Guide provides a comprehensive set of evidence-based, pilot-tested indicators that support public health units in working to address health inequity. These indicators are intended for application at the local public health-unit level.

Initial Assessment of Compliance

In 2017, a sub-group of the Health Equity Advisory Taskforce (HEAT) completed a high-level review of organizational compliance with the Health Equity Indicators for Ontario Local Public Health Agencies. During this review, it was noted that various individuals and/or groups at MLHU are currently working toward, or are in the planning stages of, initiatives to enhance compliance with some of the recommended health equity indicators (e.g., MLHU’s new Planning and Evaluation Framework is directly relevant to implementation of seven of the fifteen indicators; and the approved Health Equity Staff Capacity Building Plan will support compliance with the indicator on health equity training for all staff). Much of the health equity work MLHU is currently undertaking aligns closely with the identified health equity indicators.

The following criteria were used to prioritize health equity indicators/action areas:

1. Relationship to Draft Revised Ontario Public Health Standards
2. Relationship to strategic plan
3. Current state
4. Resource requirements for development and implementation
5. Ability to track
6. Sequence priority

Prioritized Indicators for 2018

Indicators approved by Senior Leadership for prioritization in 2018, based on the above criteria, include:

Assess and Report

Role 1-1: Routine data analysis of health outcomes of public health importance stratified by demographic and/or socioeconomic variables

Role 1-2: Identification of and planning for priority populations that have experienced (or are at risk of experiencing) health inequities

Lead/Participate and Support

Role 4-1: Annual vetting and approval by the Board of Health of position and policy statements that reflect advocacy for priority populations experiencing (or at risk of experiencing) health inequities

Role 4-2: Public health unit staff working in SDOH area(s) have been engaged in cross-sectoral advocacy for policy development

Organization and System Development

Role 5-1: Board of Health strategic plan's description of how equity issues will be addressed

Role 5-2: Human resources strategy to consider workforce diversity (e.g., by age, gender, race/ethnicity, disability, Indigenous/Aboriginal identity) within the public health agency

Role 5-3: Provision of health equity training to all staff

Next Steps

Program managers and other key stakeholders will be consulted to provide further in-depth assessment information, which will support the development of specific action recommendations for each prioritized indicator, with next steps identified for 2018. These recommendations will be taken to the Senior Leadership Team (SLT) for approval and resource mobilization.

Processes for ongoing monitoring and reporting of MLHU compliance with health equity indicators will be developed in consultation with epidemiologists and the Planning and Evaluation Team; information gathered will inform future health equity prioritization and planning throughout MLHU. Based on this assessment, further prioritization of the remaining eight indicators for work in 2019 and 2020 will be presented to the SLT for feedback and approval prior to the end of 2018.

This report submitted by the Health Equity Core Team, Office of the Chief Nursing Officer.



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Medical Officer of Health

This report addresses the following requirement(s) of the Ontario Public Health Standards:
Population Health Assessment: 1, 4–6; Health Equity: 1–2, 4; Program Planning, Evaluation and Evidence-Informed Decision Making: 1–6, 8.