



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 salud¹

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	<p>Presentación de las buenas prácticas de Canadá, Reino Unido, Estados Unidos y Finlandia (Traducción del inglés al español disponible).</p> <p></p> <ul style="list-style-type: none">■ 15.10-15.25: Reino Unido - Public Health England Public Health Outcomes Framework<ul style="list-style-type: none">– Ponente: Natasha Roberts. Deputy Head of Population Health Analysis, Health Improvement: Health Intelligence. Public Health England.■ 15.25-15.40 EEUU - HealtheConnections HealthCNY Community Dashboard<ul style="list-style-type: none">– Ponente: Mark Grzegorek. Community Health Solutions. Healthy Communities Institute■ 15.40-15.55 Canadá - Government of Canada Health Inequalities Data Tool<ul style="list-style-type: none">– Ponente: Malgorzata Miskurka, 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



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.

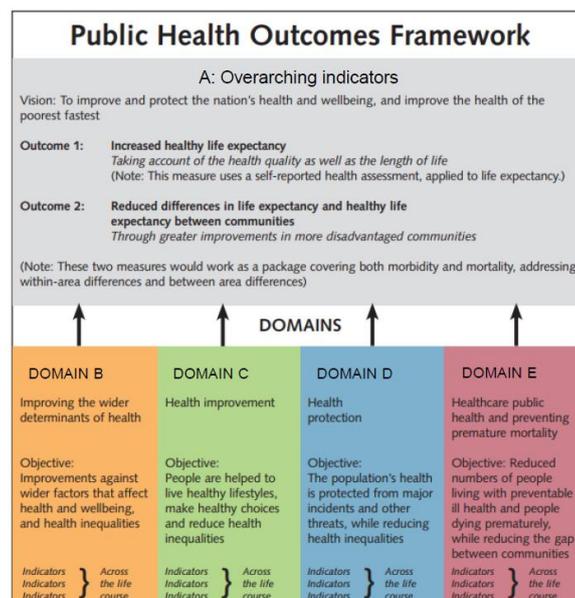
Public Health England was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service.



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

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The Public Health Outcomes Framework

Web tool - Fingertips

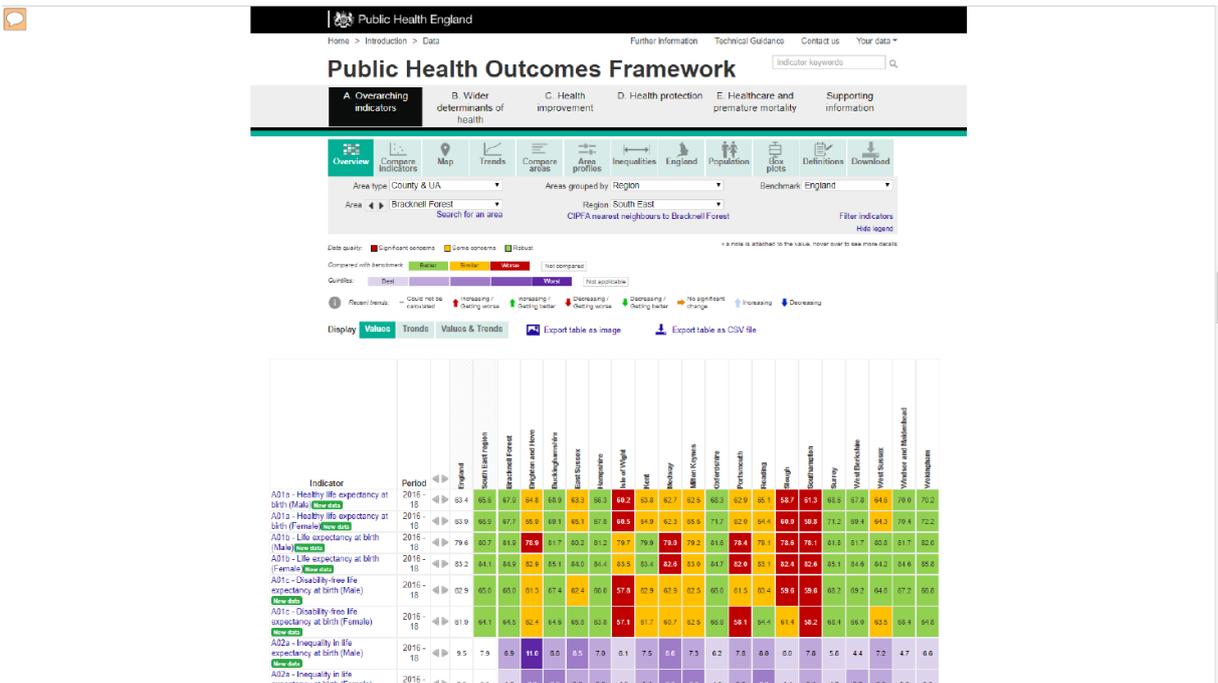
PHE publish data for the PHOF through a web based tool, using the Fingertips platform which is freely available for anyone to access.

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

6 The Public Health Outcomes Framework



Compare areas

Public Health Outcomes Framework

Home > Introduction > Data Further information Technical Guidance Contact us Your data

Indicator keywords

A. Overarching indicators B. Wider determinants of health C. Health improvement D. Health protection E. Healthcare and premature mortality Supporting information

Overview Compare indicators Map Trends **Compare areas** Area profiles Inequalities England Population Box plots Definitions Download

Area type County & LIA Areas grouped by Region Benchmark England

Area Bracknell Forest Search for an area Region South East CIPFA nearest neighbours to Bracknell Forest Filter indicators

Indicator A01b - Life expectancy at birth (Male) Hide legend * a note is attached to the value, hover over to see more details

Compared with benchmark: Better Similar Worse Not compared

Recent trends: Could not be calculated No significant change Increasing / Getting worse Increasing / Getting better Decreasing / Getting worse Decreasing / Getting better Increasing Decreasing

Areas All in South East region All in England Display Table **Table and chart**

A01b - Life expectancy at birth (Male) **Now data** 2015-16 Life expectancy - Years

Export table as image Export table as CSV file

Area	Recent trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	79.6	79.6	79.7
South East region	-	-	80.7	80.6	80.7
Yokingham	-	-	80.8	81.5	82.6
Bracknell Forest	-	-	81.9	81.2	82.5
Surrey	-	-	81.8	81.6	82.0
Buckinghamshire	-	-	81.7	81.5	82.0
Windsor and Maidenhead	-	-	81.7	81.1	82.3
West Berkshire	-	-	81.7	81.1	82.2
Oxfordshire	-	-	81.6	81.4	81.9
Hampshire	-	-	81.2	81.0	81.4
West Sussex	-	-	80.8	80.6	81.0
East Sussex	-	-	80.2	79.9	80.5
Kent	-	-	79.9	79.7	80.0
Isle of Wight	-	-	79.7	79.1	80.2
Milton Keynes	-	-	79.2	78.9	79.7
Reading	-	-	79.1	78.5	79.6
Medway	-	-	79.0	78.6	79.4
Brighton and Hove	-	-	78.9	78.5	79.3
Slough	-	-	78.6	77.9	79.2
Portsmouth	-	-	78.4	78.0	78.8
Southampton	-	-	78.1	77.7	78.6

Source: <http://www.ons.gov.uk/operationalcommunities/healthandlifeexpectancies/baseline/healthandlifeexpectancies/2015-16>

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Trends

Public Health Outcomes Framework

Home > Introduction > Data Further information Technical Guidance Contact us Your data

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Compared with benchmark: Better Similar Worse Not compared

Recent trends: Could not be calculated No significant change Increasing / Getting worse Increasing / Getting better Decreasing / Getting worse Decreasing / Getting better Increasing Decreasing

Trends for **Bracknell Forest** All in South East region Display **Selected indicator** All indicators

A01b - Life expectancy at birth (Male) **Now data** Life expectancy - Years

Export chart as image Show confidence intervals Export table as CSV file

Period	Count	Value	Lower CI	Upper CI	South East region	England
2001-03	-	77.2	76.5	78.0	77.4	76.2
2002-04	-	78.0	77.3	78.7	77.7	76.5
2003-05	-	78.1	77.4	78.6	78.1	76.0
2004-06	-	78.5	77.8	79.2	78.5	77.2
2005-07	-	78.8	78.1	79.5	78.8	77.5
2006-08	-	79.4	78.7	80.1	79.0	77.8
2007-09	-	79.4	78.7	80.0	79.3	78.1
2008-10	-	79.5	78.8	80.2	79.5	78.4
2009-11	-	80.1	79.4	80.8	79.9	78.8
2010-12	-	80.5	80.0	81.3	80.2	79.1
2011-13	-	81.1	80.5	81.6	80.3	79.3
2012-14	-	81.2	80.6	81.9	80.4	79.4
2013-15	-	81.3	80.7	82.0	80.5	79.5
2014-16	-	81.8	81.1	82.5	80.6	79.5
2015-17	-	81.7	81.0	82.4	80.6	79.5
2016-18	-	81.9	81.2	82.5	80.7	79.6

Source: <http://www.ons.gov.uk/operationalcommunities/healthandlifeexpectancies/baseline/healthandlifeexpectancies/2015-16>

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Area profiles

Indicator	Period	Recount	Count	Bracknell F				Region England		England	
				Value	Value	Value	Worst	Range	Best		
AB1a - Healthy life expectancy at birth (Male)	2016-18	-	-	67.5	65.6	63.4	53.3			71.9	
AB1a - Healthy life expectancy at birth (Female)	2016-18	-	-	67.7	66.9	63.9	54.2			72.2	
AB1b - Life expectancy at birth (Male)	2016-18	-	-	81.9	80.7	79.6	74.5			83.9	
AB1b - Life expectancy at birth (Female)	2016-18	-	-	84.9	84.1	83.2	79.5			87.0	
AB1c - Disability-free life expectancy at birth (Male)	2016-18	-	-	68.0	65.0	62.9	52.8			69.4	
AB1c - Disability-free life expectancy at birth (Female)	2016-18	-	-	64.5	64.1	61.9	53.1			69.5	
AB2a - Inequality in life expectancy at birth (Male)	2016-18	-	-	6.9	7.9	9.5	15.2			3.8	
AB2a - Inequality in life expectancy at birth (Female)	2016-18	-	-	1.8	6.0	7.5	13.8			1.8	
AB2b - Inequality in healthy life expectancy at birth ENGLAND (Male)	2015-17	-	-	-	-	15.1	-	Insufficient number of values for a spine chart		-	
AB2b - Inequality in healthy life expectancy at birth ENGLAND (Female)	2015-17	-	-	-	-	18.8	-	Insufficient number of values for a spine chart		-	
AB2c - Inequality in healthy life expectancy at birth LA (Male)	2009-13	-	-	10.0	-	-	-			-	
AB2c - Inequality in healthy life expectancy at birth LA (Female)	2009-13	-	-	7.8	-	-	-			-	
AB1a - Healthy life expectancy at 65 (Male)	2016-18	-	-	12.9	11.6	10.6	6.4			15.5	

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Inequalities

Where possible there are breakdowns by

- Age
- Gender
- Deprivation
- Ethnicity

Ethnic Group	Prevalence (%)
White British	11.1
White other background	12.4
White and Black Caribbean	18.8
White and Black African	15.1
Any other mixed background	14.0
Indian	15.3
Pakistani	19.1
Any other Asian background	16.3
Black Caribbean	23.0
Black African	24.5
Any other Black background	21.1
Chinese	11.1
Any other ethnic group	21.1
Not stated / Invalid	11.1

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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

The screenshot shows the Public Health Outcomes Framework website. The main navigation bar includes 'Home', 'Introduction', 'Data', 'Further information', 'Technical Guidance', 'Contact us', and 'Your data'. The page title is 'Public Health Outcomes Framework'. Below the title, there are six main categories: A. Overarching indicators, B. Wider determinants of health, C. Health improvement, D. Health protection, E. Healthcare and premature mortality, and Supporting information. A secondary navigation bar contains icons for Overview, Compare indicators, Map, Trends, Compare areas, Area profiles, Inequalities, England, Population, ICF plots, Definitions, and Download. The 'Area type: County & LIA' is selected. The indicator 'A01a - Healthy life expectancy at birth (Male)' is selected. The 'Indicator Definitions and Supporting Information' section is displayed, showing the following details:

Indicator ID	90362
Date updated	04 Feb 2020 New data
Indicator	A01a - Healthy life expectancy at birth (Male)
Indicator number	A01a
Rationale	This indicator is an extremely important summary measure of mortality and morbidity in itself. Healthy life expectancy shows the years a person can expect to live in good health (rather than with a disability or in poor health). It complements the supporting indicators by showing the overall trends in a major population health measure, setting the context in which local authorities can assess the other indicators and identify the drivers of healthy life expectancy.
Definition	A measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. The prevalence of good health is derived from responses to a survey question on general health. For a particular area and time period, it is an estimate of the average number of years a newborn baby would live in good general health if he or she experienced the age-specific mortality rates and prevalence of good health for that area and time period throughout his or her life. Figures are calculated from deaths from all causes, mid-year population estimates, and self-reported general health status, based on data aggregated over a three year period. Figures reflect the prevalence of good health and mortality among those living in an area in each time period, rather than what will be experienced throughout life among those born in the area. The figures are not therefore the number of years a baby born in the area could actually expect to live in good general health, both because the health prevalence and mortality rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives.
Data source	https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2016to2018

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

Public Health Outcomes
Framework 2019–2022
At a glance

A Overarching indicators
AO1 Increased healthy life expectancy
AO2 Reduced differences in life expectancy and healthy life expectancy between communities

B Improving the wider determinants of health	C Health improvement	D Health protection	E Healthcare public health and preventing premature mortality
<p>Objective Improvements against wider factors which affect health and wellbeing and health inequalities</p> <p>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 2.5) †† (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</p>	<p>Objective People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p>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 bath 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 to 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 1.4d) C24 National screening programmes * C25 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</p>	<p>Objective The population's health is protected from major incidents and other threats, whilst reducing health inequalities</p> <p>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</p>	<p>Objective Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities</p> <p>Indicators E01 Infant mortality † (NHSOF 1.6) 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 1.1) 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 1.2) 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 1.5) E10 Suicide rate †† (NHSOF 1.5.9) 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)</p>
<p>Alignment across the Health and Care System * Indicator shared with the NHS Outcomes Framework † Complementary to indicators in the NHS Outcomes Framework †† Complementary to indicators in the Adult Social Care Outcomes Framework ††† Complementary to indicators in the Adult Social Care Outcomes Framework</p> <p>† Note: The national screening programmes indicators have been combined into C24 to recognise the single screening service.</p>			

CONDUENT

Conduent Healthy Communities Institute

Health Equity Platform

September 28, 2020

Conduent HCI Team Members



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.



#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

May 20, 2021

Conduent Confidential

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

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Health Equity Data Approach

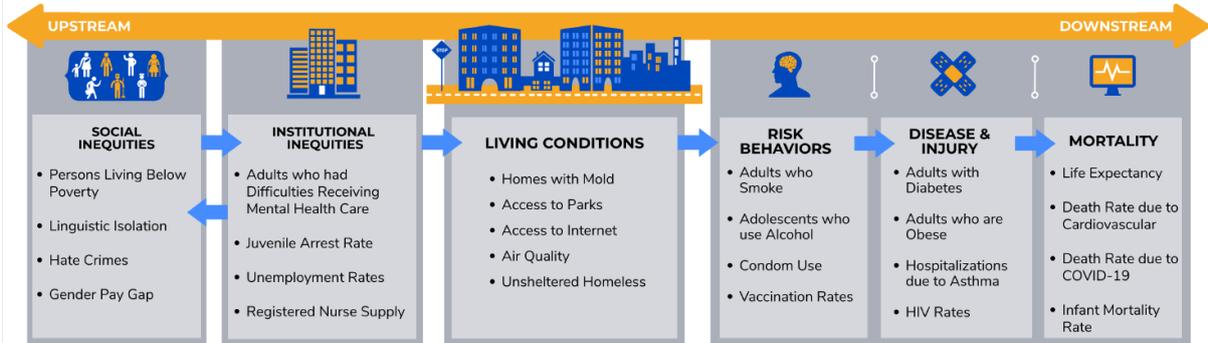
Choosing Meaningful Data

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

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



Adapted from Bay Area Regional Health Inequity Initiative

Government, Private, and Local Sources

Government Agencies	National & Private Research Organizations	Local Sources
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

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Demonstration



The screenshot shows the Health eCNY website with a navigation bar containing 'Health Priorities', 'Explore Data', 'Tools & Resources', 'Explore By County', and 'About'. Below the navigation is a 'HealtheSpotlights' section with three featured items:

- Road Map to Health Equity:** A card with a landscape image. Description: "The Road Map to Health Equity was developed as a tool to improve institutional and professional development in the areas of the social determinants of health and health equity to help organizations better address health disparities in their communities. It is meant to connect those interested in addressing racism and inequity to resources that will help on their journey while bringing others on board." Includes a 'Learn more!' button.
- WORKPLACE WELLNESS Mental Health Tool Kit:** A card with a sunset image. Description: "Check out the HealthConnections Workplace Wellness Mental Health Tool Kit to learn how to ensure inclusion of mental health support in workplace wellness programs, increase awareness of mental health stigma and the effect it has on employees, and discover ways to support employees in all touch-points of their employment." Includes a 'View the Tool Kit' button.
- CNY COVID-19 Funding Opportunities:** A blue card. Description: "Is your organization a nonprofit whose operations support community members impacted by COVID-19? Apply for supportive funding in Cayuga County, Cortland County, Madison County, Oneida County, Otsego County, or Oswego County." Includes a 'Help' button.

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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

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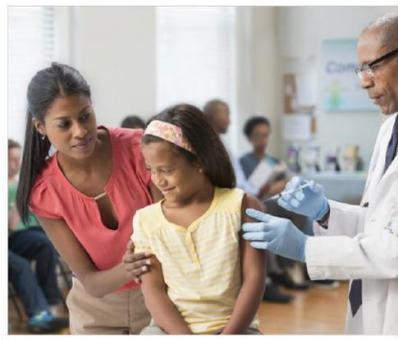
Policies and Programs



California Gets Ready for New Vaccine Rules

The new law will make it more difficult for parents to avoid the state's vaccination requirements.

By **Andrew Soergel**, Senior Writer, Economics Dec. 30, 2019, at 6:00 a.m.



May 20, 2021 Conduent Confidential

Virginia Community Indicators Dashboard Helps Prioritize Population Health Efforts

Project uncovered a 23-year gap in life expectancy in adjacent South Hampton Roads census tracts, spurring action

Author — David Raths

Mar 17th, 2020



2.2: Decrease the number of adults with diabetes

Portsmouth City, VA

11.6%

Compared to

VA Counties U.S. Counties VA ZIPs PWR Value

Test



LATEST IN SOCIAL DETERMINANTS OF HEALTH

Health Risk Assessment:

Blue Shield of California Unveils Neighborhood Health Dashboard

Rajiv Iyengar Sep 0th, 2020

Social Determinants of Health

Challenges Abound in Scaling Up Cross-Sector Data Sharing

Social Data



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WELFARE COMPASS

for regional health and welfare monitoring in Finland

Katri Kilpeläinen 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



2



Current version

Finnish Institute for Health and Welfare

Strengths 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



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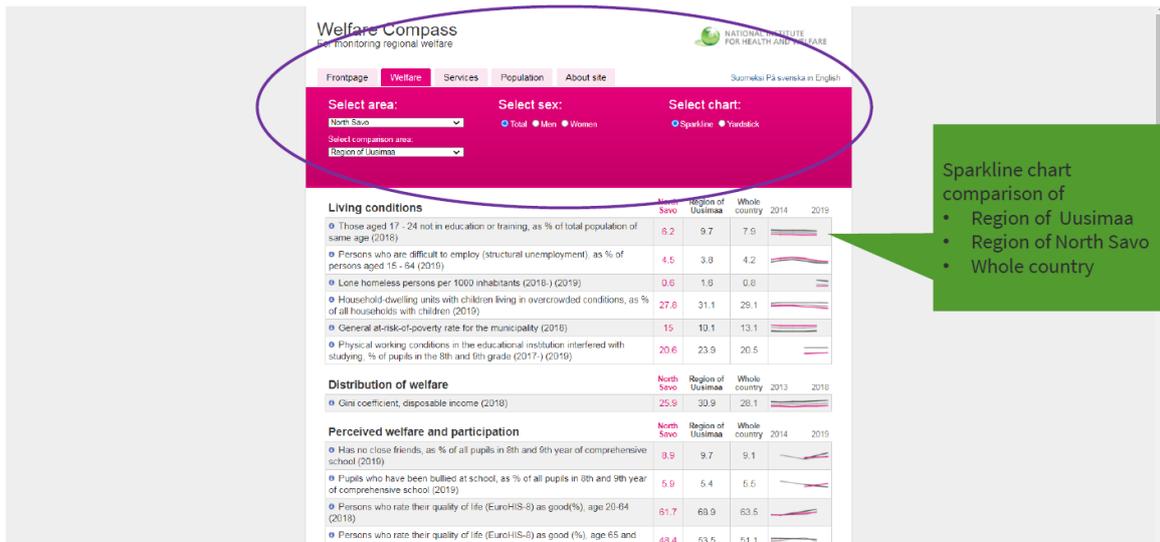
Indicators in the Welfare Compass

- 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)



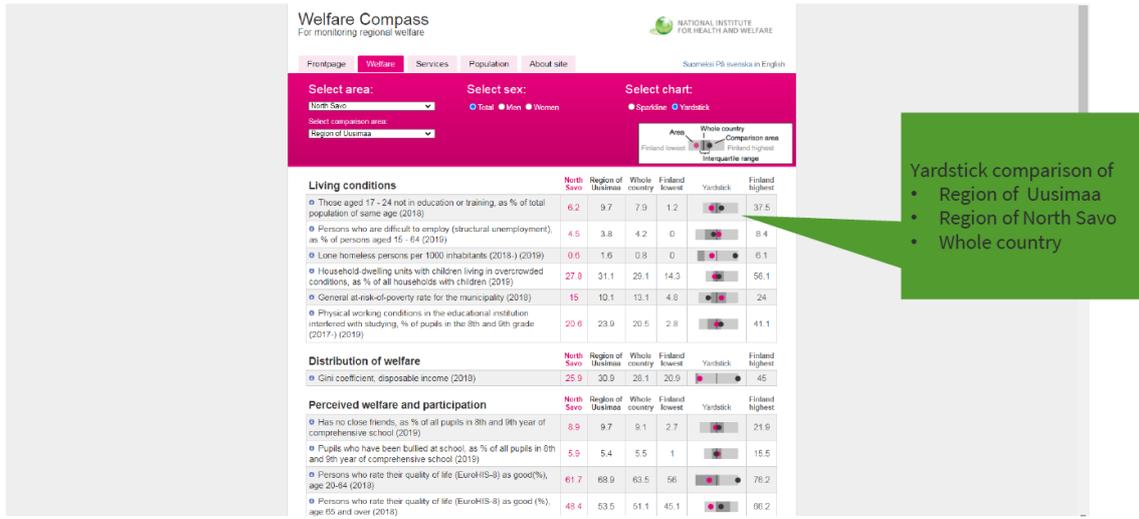
5

Welfare Compass: Sparkline chart



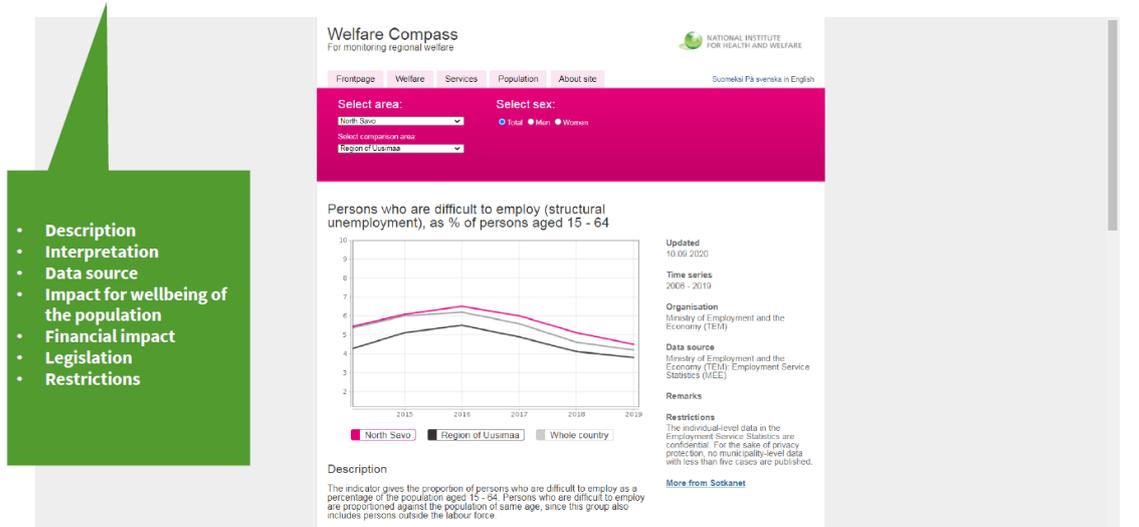
6

Welfare Compass: Yardstick chart



7

Metadata



8

Technical details

- Website was developed at the Finnish Institute for Health and Welfare (THL)
- Key indicator data and metadata is read from THL's [Sotkanet.fi](https://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



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

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

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.)

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' needs were also taken into account in indicator selection process (questionnaire)

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**

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

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)

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 Terveystemme (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



Thank you!

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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

Colin Steensma
Social Determinants of Health Division
Centre for Chronic Disease Prevention and Health Equity
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PROTECTING AND EMPOWERING CANADIANS TO IMPROVE THEIR HEALTH

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



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
Partners in Public Health

▶ 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

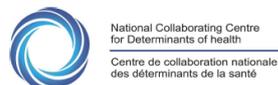
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Engaging partners and stakeholders: A critical ingredient for maximizing impact

▶ National Indigenous Organizations



▶ Knowledge mobilization partners



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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
Hospital Mental Health Database



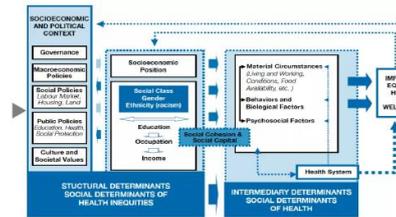
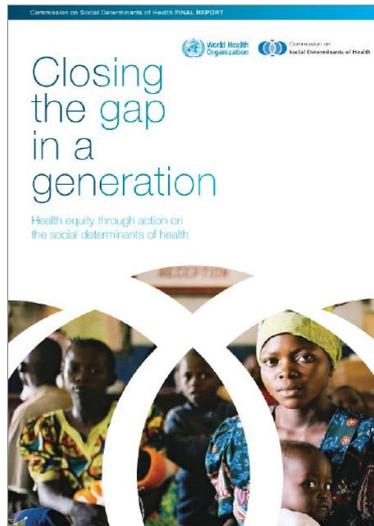
Public Health Agency of Canada / Agence de la santé publique du Canada

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



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

Conceptual background: The Commission on the Social Determinants of Health



CSDH conceptual framework

BOX 16.3: TOWARDS A COMPREHENSIVE NATIONAL HEALTH EQUITY SURVEILLANCE FRAMEWORK

- HEALTH INEQUITIES**
Includes information on:
health outcomes stratified by:
– sex
– at least two socioeconomic stratifiers (education, income/wealth, occupational class)
– ethnic groups/race/indigeneity
– other contextually relevant social stratifiers
– place of residence (rural/urban and province or other relevant geographical unit)
the distribution of the population across the sub-groups
a summary measure of relative health inequality: measures include the ratio ratio, the relative index of inequality, the relative version of the population attributable risk, and the concentration index
a summary measure of absolute health inequality: measures include the ratio difference, the slope index of inequality, and the population attributable risk.
- HEALTH OUTCOMES**
mortality (all cause, cause specific, age specific);
physical and social environment:
– water and sanitation;
– housing conditions;
– infrastructure, transport, and urban design;
– air quality;
– social capital;
working conditions:
– material working hazards;
– stress;
health care:
– coverage;
– health care system infrastructure;
social protection:
– coverage;
– generosity;
Structural drivers of health inequality:
gender:
– norms and values;
– economic participation;

Comprehensive national health equity surveillance framework

The Pan-Canadian Health Inequalities Reporting Initiative: Key products

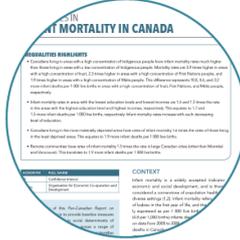
Health Inequalities Data Tool



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

Key Health Inequalities in Canada: A National Portrait

FIGURE 1
Conceptual Framework for Action on the Social Determinants of Health (Solar & Irwin 2010)

FIGURE 3
Low Self-Reported Mental Health by Income Quintile, Canada, ages 18+ years, 2010-2013

INEQUALITIES IN LIFE EXPECTANCY AND HEALTH-ADJUSTED LIFE EXPECTANCY IN CANADA

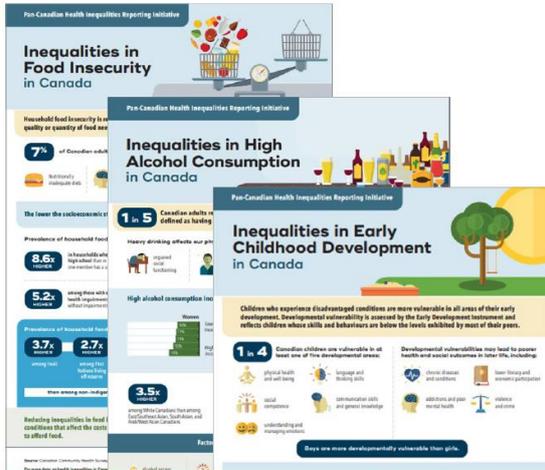
INEQUALITIES HIGHLIGHTS

- Life expectancy, which focuses on length of life, is a key indicator of overall health status. Health-adjusted life expectancy adds to the average number of healthy years that someone would live. Focus is both on the number of years and the quality of life.
- Canadian life expectancy (mean or average) has risen faster than other high-income countries since 2000.
- Life expectancy at birth is lower in some areas than in a high concentration of people who identify as Indigenous. There is also a lower life expectancy in some areas with a high concentration of people who are not visible minorities, particularly in some areas with a high concentration of people who are not visible minorities.
- Canada has the lowest life expectancy for 11-year-old children from the highest income areas. If Canada is in the lowest income areas, it has the lowest life expectancy in the highest income areas. If Canada is in the lowest income areas, it has the lowest life expectancy in the highest income areas. If Canada is in the lowest income areas, it has the lowest life expectancy in the highest income areas.
- Canada has the highest life expectancy for 11-year-old children from the highest income areas. If Canada is in the lowest income areas, it has the lowest life expectancy in the highest income areas. If Canada is in the lowest income areas, it has the lowest life expectancy in the highest income areas.
- At age 15, immigrants live 3.4 years longer in good health than non-immigrants.

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

Knowledge translation products: Reaching new audiences to mobilize action

► Infographics

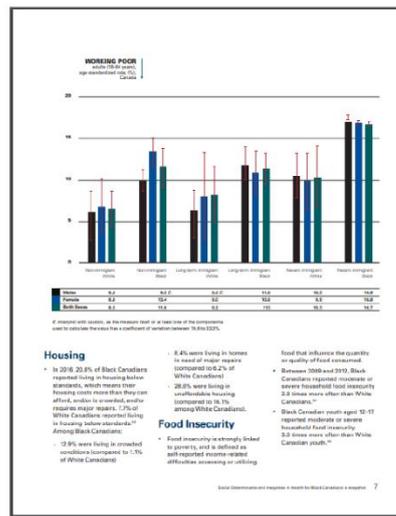
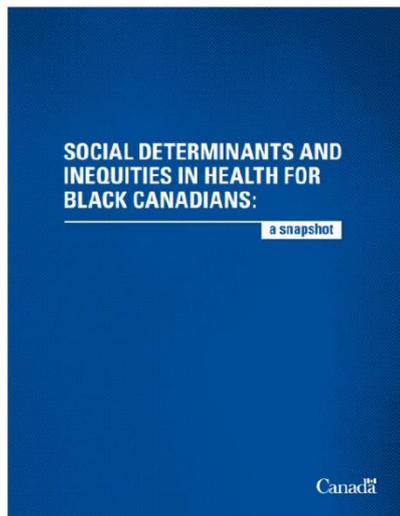


► Introductory video (Youtube)



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

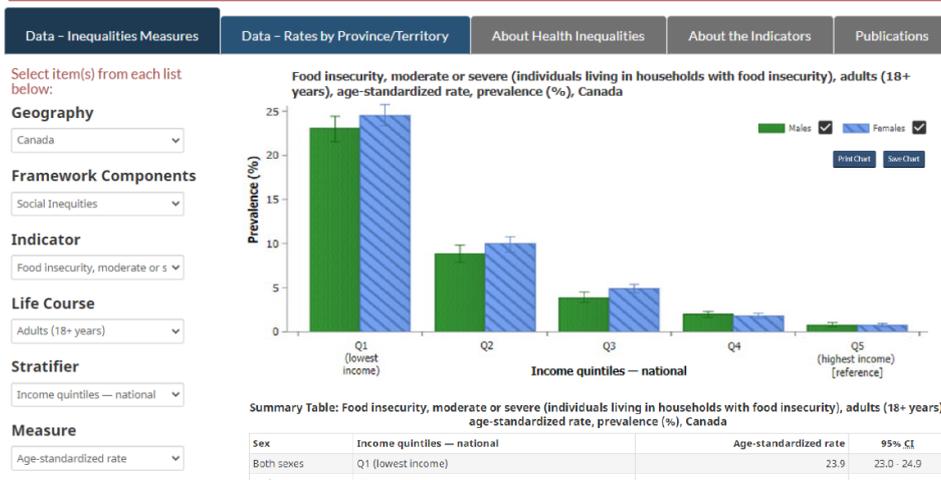
Supporting equitable public health responses to COVID-19

- ▶ 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

Health Inequalities Data Tool

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



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

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Stratifiers – Area-based measures

Health Inequalities Data Tool

General Population

Available indicators

Health Status



Mortality & Life Expectancy

- Cerebrovascular disease mortality
- Circulatory system disease mortality
- Ischaemic heart disease mortality
- Other circulatory system disease mortality
- Lung cancer mortality
- Unintentional injury mortality
- All-cause mortality
- Life expectancy – at birth (ecological level)
- Potential years of life lost (ecological level)



Mental Illness & Suicide

- Suicide mortality



Disease/Health Condition

- Cancer incidence – total for all cancers
- Female breast cancer incidence
- Prostate cancer incidence
- Colorectal cancer incidence
- Lung cancer incidence



Infants, children, youth and young adults

Available indicators



Mortality & Life Expectancy

- Infant mortality
- Infant mortality (at least 500 grams)



Early Childhood Development

Adults

Available indicators



Mental Illness & Suicide

- Mental illness hospitalization (aged 15+)

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Health Inequalities Data Tool: Measures of inequality

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

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)



Build evidence on effective health equity interventions

Approach: Explore scenarios

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