

Summary Report

Health Equity Performance Indicators

In an effort to improve the Health Department’s ability to monitor local public health actions to improve health equity, a preliminary set of health equity performance indicators have been developed. These indicators enable the Health Department to monitor performance and assess progress of current health equity priorities.

Population Indicators

Baseline Results

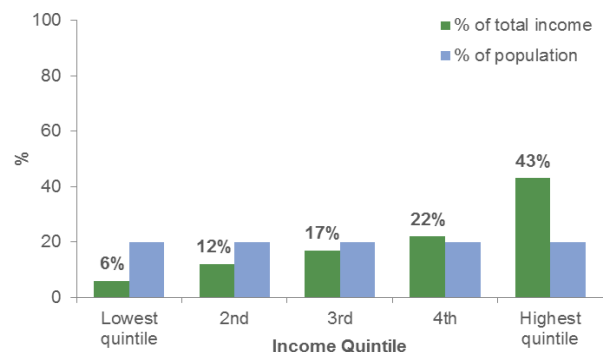
Population indicators measure health status or determinants of health within a population. The population indicators that have been identified as health equity performance indicators are likely to change very slowly and are influenced by many factors. However, these indicators can be used to help interpret program indicator results, re-focus current priorities, or set new strategic directions. Baseline measures are currently available for each of the population indicators.



Income Inequality

Increasing income inequality can negatively impact population health outcomes. **Income is not distributed equally in Halton.** In 2012, individuals that made up the richest 20% of the population (highest quintile) earned 43% of total after tax income compared to individuals who made up the poorest 20% of the population (lowest quintile) who earned only 6%.

The closer each quintile gets to 20% of the total income, the less income inequality there is.



Percentage of after tax income, by income quintile, Halton 2012

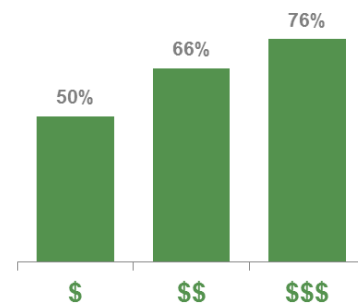
Source: Statistics Canada, 2012 taxfiler data

Note: 2013 data could not be used as there was a large amount of data missing due to Statistics Canada’s data suppression rules



Self-Rated Health by Income

In 2013/14, the percentage of Halton adults aged 19 and over who rated their general health as “very good” or “excellent” **increased as income increased.** This difference was statistically significant when comparing adults in the low income group with adults in the high income group.



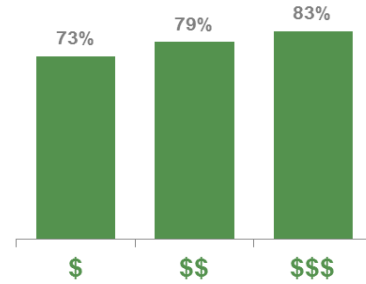
Percentage of adults aged 19+ who rated their general health as “very good” or “excellent”, by income, Halton 2013/14

Source: Canadian Community Health Survey, 2013/14



Self-Rated Mental Health by Income

In 2013/14, the percentage of Halton adults aged 19 and over who rated their mental health as “very good” or “excellent” **increased as income increased**, however these differences were not statistically significant.



Percentage of adults aged 19+ who rated their mental health as “very good” or “excellent”, by income, Halton 2013/14

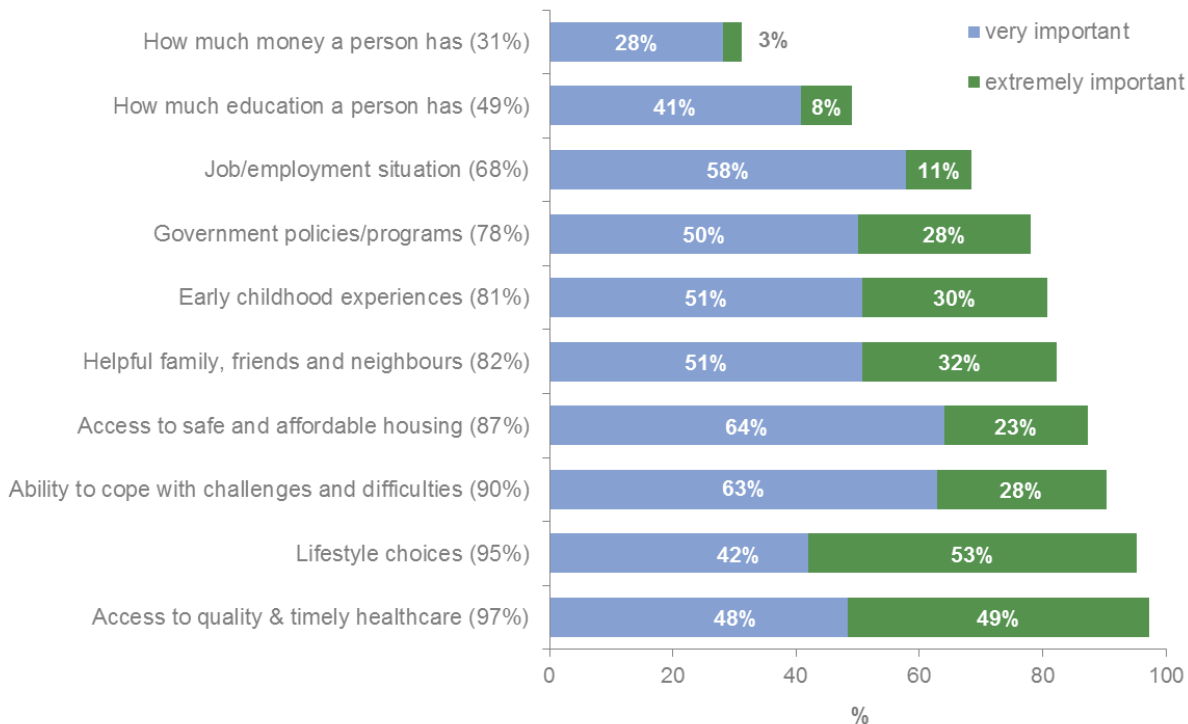
Source: Canadian Community Health Survey, 2013/14



Public Perceptions about Social Determinants of Health

The idea that health outcomes are largely related to social determinants rather than solely on individual health choices is not readily recognized. The more “upstream” determinants such as income and education impact the more “downstream” determinants such as lifestyle choices and access to healthcare.

In 2013, Halton adults aged 18 and over were asked to rate how important they felt 10 factors related to the social determinants of health (SDoH) were in helping make a person healthy. The graph below highlights that people appear to better understand the relationship between the more downstream SDoH and health, but less so for the more upstream factors despite upstream factors having a greater impact on health.



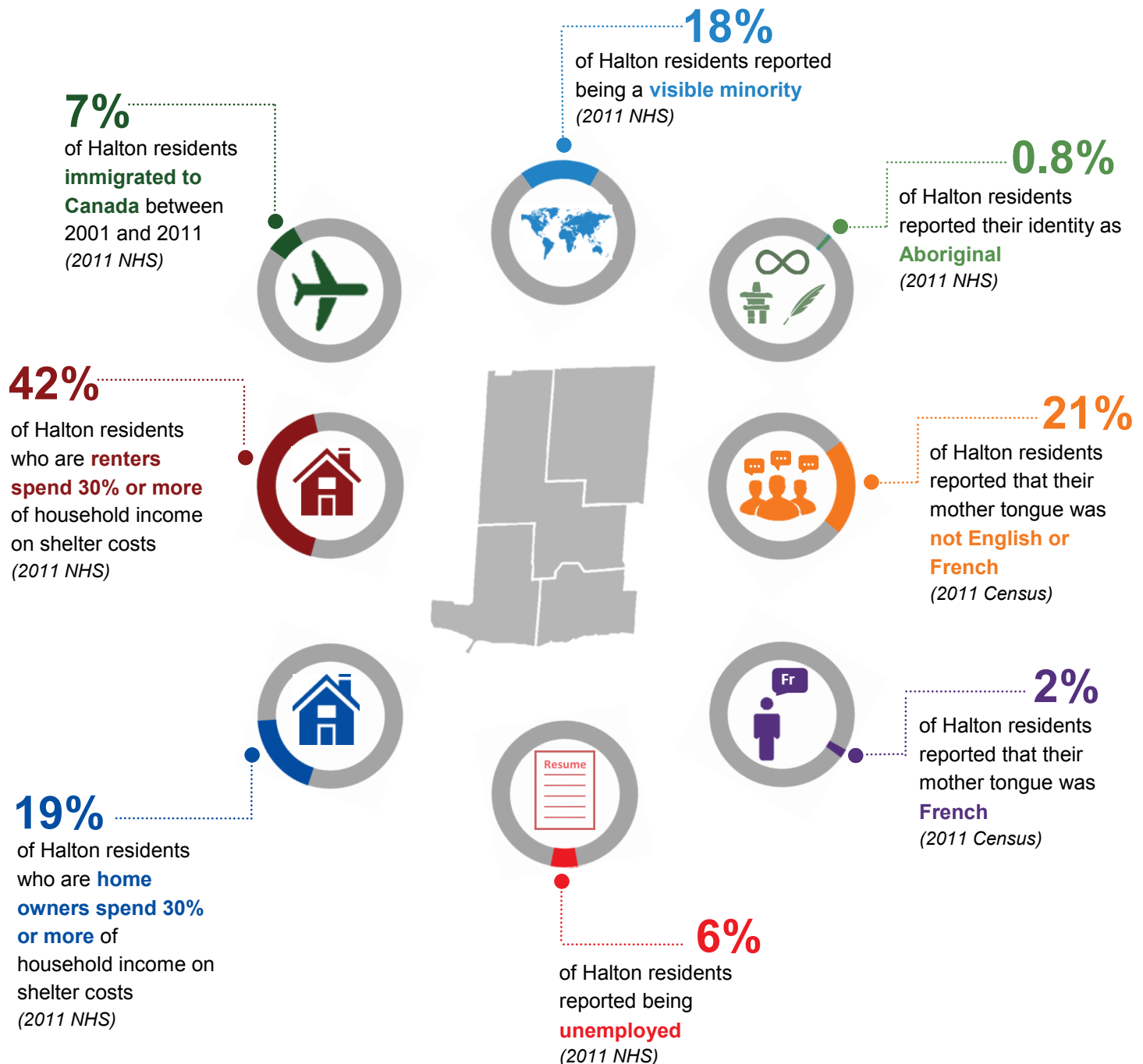
Percentage of adults aged 18+ who rated these SDoH as very or extremely important factors in helping make a person healthy, Halton Region, 2013

Source: Rapid Risk Factor Surveillance System, 2013

Demographic Profile

Baseline Results

Halton is a rapidly growing community, which means that Halton's demographics are also rapidly changing. Over time, this demographic profile will illustrate how Halton is changing. Having this information may help us to make sense of why the selected population indicators may have changed over time. Baseline measures are currently available for Halton's demographic profile.



Sources: Statistics Canada, 2011 NHS and Census

****Note:** The National Household Survey (NHS) is more prone to non-response bias compared to the previous long form census. Residents with low incomes, very high incomes, new immigrants, and Aboriginals were less likely to respond. Caution should be used when interpreting data for household income and education. For more information please go here: http://www12.statcan.gc.ca/nhs-enm/2011/ref/nhs-enm_guide/99-001-x2011001-eng.pdf

Program Indicators

Baseline results to be collected starting in January 2017

Program indicators measure processes, outputs or direct outcomes of a particular program or initiative. The indicators below are based on the Health Department's current health equity priorities.

 <p>Supporting staff to work with clients experiencing negative impacts of the social determinants of health</p>	<ul style="list-style-type: none">• List of common social determinants of health challenges where staff are 1) able to link clients to resources, and 2) unable to link clients to resources• List of social determinants of health service gaps• List of facilitators and barriers that influence staff's ability to support clients who are experiencing the negative impacts of the social determinants of health• % of public health staff that attended a health equity staff education session
 <p>Communication and measurement</p>	<ul style="list-style-type: none">• % of health indicator and health status reports that include breakdown of data by income and level of education• % of evaluation reports that include breakdown of data by income and level of education
 <p>Incorporating health equity into council reports and key documents</p>	<ul style="list-style-type: none">• % of health council reports that include a health equity perspective
 <p>Incorporating health equity into program planning</p>	<ul style="list-style-type: none">• # of Health Department projects that are supported by the Social Determinants of Health Public Health Nurses*• # of consultations provided by the Social Determinants of Health Public Health Nurses*• # of Health Equity Impact Assessments (HEIA) where priority populations were consulted as part of the HEIA process• # of HEIAs that were completed to various stages of the HEIA process
 <p>Collaboration and partnerships</p>	<p><u>Local</u></p> <ul style="list-style-type: none">• List of local multi-sectoral committees with Health Department participation where the focus is on creating more equitable and inclusive social or economic environments <p><u>Provincial</u></p> <ul style="list-style-type: none">• List of provincial committees with Health Department participation, where the focus is on advocating for improved population health equity• List of activities for each committee

*The Health Department has two full-time Public Health Nurse (PHN) positions, which are funded by the Ministry of Health and Long-Term Care to focus on providing enhanced support to populations impacted most negatively by the social determinants of health (SDoH) and engage in activities that further health unit efforts to address issues related to the SDoH and health inequities.