



National Collaborating Centre  
for Determinants of Health

Centre de collaboration nationale  
des déterminants de la santé

## LEARNING TOGETHER: REVIEWING EVIDENCE ON THE PURPOSE OF POPULATION HEALTH STATUS REPORTS



This document summarizes the National Collaborating Centre for Determinants of Health (NCCDH) Population Health Status Reporting Initiative Learning Circle held in March 2012.

### POPULATION HEALTH STATUS REPORTING INITIATIVE

In order to better understand population health status reporting, the National Collaborating Centre for Determinants of Health (NCCDH) has implemented a Population Health Status Reporting Initiative. The NCCDH engaged research support from Public Health Ontario to search, review and synthesize evidence from the scholarly and grey literature and incorporate experiential evidence from key informants. The materials are presented to a “Learning Circle” of managers, directors, researchers, epidemiologists, and medical officers of health who, through a series of discussions and presentations, reflect on how to improve population health status reporting to illuminate health inequities and support the development of effective health-equity policies.

### BACKGROUND

This document summarizes evidence and the Learning Circle’s March 2012 discussion about the purpose of population health status reporting in Canada.

The goal of ‘population health’ is to assess the distribution of health outcomes in a defined group of people.<sup>1</sup> Population health status reports, specifically, are documents that describe the health of a population over a period of time. The process of population health status reporting includes the identification and collection of indicator data, the development of relationships with various stakeholders, the publishing of the data in various formats, and the engagement of decision makers and community members to support translating report findings into action.



## EVIDENCE

### Search protocol

A 3-part search strategy was used to find evidence:

**Grey literature:** The base search of the grey literature was implemented to identify population health status reports in Canada, limited to those published in the past 5 years, and including reports produced at the national, provincial/territorial and local level. This search was conducted in stages, first with a general search for population health status reports in Canada, then for those with an explicit equity component (expanded to the past 10 years), and finally a broader search to include examples from beyond Canada to provide context for the entire report data base.

**Scholarly literature:** The scholarly literature search was focused on best/better practices in reporting on equity measures in population health status reports. Five commonly used databases were included (Medline, CINAHL, Academic search premier, Health business elite, and Embase) and searched for articles from the past 10 years. The search resulted in 1,967 articles being identified, which was quickly narrowed to 5 possibly relevant articles. In the end these articles did not meet our inclusion criteria so were excluded from the analysis.

**Experiential data:** The final component of the search was related to experiential data and gathered through interviews with 3 key informants from across Canada.

## Findings

### Where are population health status reports being conducted?

Population health status reports are being conducted at the international, national, provincial, territorial, regional and local levels. A variety of organizations produce these reports to assess the health of Canadians, including:

- *International organizations* (e.g., World Health Organization)
- *Federal government ministries and agencies* (e.g., Health Canada, Public Health Agency of Canada, Canadian Institute for Health Information)
- *Provincial government ministries and agencies* (e.g., Institut National de Santé Publique du Québec, Prince Edward Island Health and Social Services, Newfoundland and Labrador Centre for Health Information, Nunavut Health and Social Services)
- *Local or regional health units and health authorities* (e.g., Cape Breton District Health Authority, Spruce Grove Health Unit, Vancouver Coastal Health)
- *Academic and non-governmental organizations at all levels* (e.g., Propel Centre for Population Impact, Wellesley Institute)

### What types of population health status reports are conducted?

There are many types of population health status reports. Some of the most common include those that assess:

- *The overall health status of a geographically defined population* (e.g., "Healthy Canadians: A Federal Report on Comparable Health Indicators"<sup>2</sup>)
- *The burden of a particular disease or condition* (e.g., "Windsor-Essex County Cancer Report"<sup>3</sup>)
- *The health status of a sub-population* (e.g., "The Health and Well-being of Women in British Columbia"<sup>4</sup>)
- *The impact of a determinant of health* (e.g., "Peterborough County Environmental Health Status Report"<sup>5</sup>)

Additionally, many health status reports assess several of these factors together, such as Public Health Agency of Canada's "Population-Specific HIV/AIDS Status Report: Aboriginal Peoples."<sup>6</sup>

### What is the intended purpose of population health status reports?

The purpose of a population health status report is context-specific, and depends on where the report is being undertaken and the desired outcomes. Some commonly cited purposes include:

- **To improve accountability.** For example, an explicit goal of Health Canada’s “Healthy Canadians: A Federal Report on Comparable Health Indicators” is to increase accountability by providing information on comparable indicators to track trends and progress towards improving the health of Canadians.<sup>2</sup>
- **To assess the quality and effectiveness of a health care service, program or policy.** For example, the Canadian Institute for Health Information and Statistics Canada report “Health Indicators” aims to provide an assessment of the effectiveness and accessibility of the Canadian health care system as a whole.<sup>7</sup>
- **To assess changes in health status over time and across geographic regions.** For example, New Brunswick Health’s “Health Status Report: 1999-2003” is intended to show disease trends over a four year period and to compare provincial and national rates<sup>8</sup>
- **To assess the impact of determinants of health.** For example, a key purpose of the Northwest Territories Health and Social Service’s “Health Status Report” is to examine major social determinants of health in the territory.<sup>9</sup> Alberta Health Service’s report “How Healthy Are We?” aims to quantify demographic information such as where people live, how old they are and what language they speak in addition to modifiable risk factors such as smoking and stress.<sup>10</sup>
- **To aid service planning and budgeting.** For example, the “Health Status Report” produced by Yukon Health and Social Services can be used as a planning tool, and can help appropriately and efficiently allocate resources.<sup>11</sup>

While many population health status reports inadvertently report on health disparities by providing disease and risk factor estimates stratified by gender, age or geographic region, some reports make identifying or quantifying health disparities a key purpose of the report.

- **To identify or quantify health disparities.** For example, the purpose of the Saskatoon Health Region’s “Rural Health Status Report” is to develop a better understanding of the health disparities between the region’s rural and urban residents.<sup>12</sup> Similarly, the Health Council of Canada report “The Health Status of Canada’s First Nations, Metis, and Inuit Peoples” is intended to present a detailed account of the current health status of the First Nations, Inuit and Métis peoples in Canada.<sup>13</sup> Ontario’s Peel Region developed “Health in Peel: Determinants and Disparities” to show where disparities in health exist and explain the relationships between determinants of health, risk factors and health outcomes.<sup>14</sup>



In summary, the intended purpose of any particular report was found to be context specific:

- **Program/service focus:** to improve accountability, to assess the quality and effectiveness of a health care service, program or policy, or to aid service planning and budgeting
- **Population focus:** to assess changes in health status over time and across geographic regions
- **Health disparity focus:** to assess the impact of determinants of health, or to identify or quantify health disparities



## LEARNING CIRCLE DISCUSSION

The wide scope and diversity of “purposes” for population health status reports led to an equally broad discussion at the NCCDH Population Health Status Reporting Learning Circle. One of the first and most important points brought up was that there needs to be a distinction between “reports” and “reporting”. The group agreed that it is critical to consider both the actual report and the process of creating and disseminating the report in order to identify and understand the purpose.

The conversation covered a range of topics, members shared interesting examples of reports, discussed technical data issues related to small area geography, deprivation indices and cross-sectional versus longitudinal data, and reflected about the capacity of health regions to do effective analysis. A number of themes specific to “purpose” emerged.

*In summary, there was agreement that Population Health Status Reporting is intended to:*

### 1. Result in action:

- A report that doesn't get used won't help us to advance health equity; it is important to consider the entire process of reporting so that we can increase the likelihood that a report will result in action.
- We are in a transitional phase from print to electronic platforms for reporting; new mediums will make it possible for reporting to be more responsive, to tailor reporting for different audiences, and to increase the interactive potential of population health status reporting.
- It is critical that population health status reporting link to a culture of using evidence and support the need of programs, organizations and communities to know what to do; reporting can help us “skate to where the puck is going to be, not where it is right now!”

### 2. Provide evidence-based analyses

- Evidence-based population health status reports are more likely to result in evidence-based program and policy decision; they are also important for showing the trajectory of an issue over time.



- Focusing on an issue and stratifying the population by geography and other factors (e.g., age, gender, race) is important for rigorous analysis.
- Issues of access to data, the data source, ownership and management, are all critical to a high quality health status reporting system that provides a solid evidence base.

### 3. Support program and organizational accountability

- Population health status indicators can be found in organizational reporting processes (e.g., balanced score-cards with indicators such as life expectancy ratios, immunization rates and Early Development Index scores).
- This implies that a purpose for population health status reporting is to demonstrate accountability for actions to address health inequity, in addition to assessing population health status.
- It can take significant resources to develop a comprehensive health status report; it is important for the health sector to be accountable for these resources, to be efficient, strategic and intentional.

### 4. Advance shared health equity objectives

- Many organizations outside of public health and the health sector share the objective of improved health equity; they are actively using, analyzing and reporting on population health status, and sometimes doing it better!
- Engaging effectively with the community is an important part of effective reporting.

- Sometimes health status reporting within the health sector runs into trouble due to conflicting objectives (e.g., reporting on sensitive community and health service issues); this reinforces the need to keep health equity as a central objective for the public health sector within health care.

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## What next?

Learning circle members identified a possible way to advance the conversation about “purpose” through the development of a conceptual framework or organizing matrix to relate the various purposes of population health status reports to the tools that are available. This will be explored further through the NCCDH Online Community (for more information visit [www.nccdh.ca](http://www.nccdh.ca)).

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