Ontario Health Toronto CHC Equity Data Collection Indicators Technical Specifications

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Ontario Health
Toronto

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Reporting Schedule and Monitoring Process

The purpose of this reporting is to measure progress of collecting equity data and how CHC clients are responding to the equity data collection. CHCs have been collecting the 8 standardized Toronto Region measuring health equity (MHE) questions since 2015 and plan to have implemented the updated MHE questions as of January 2024. This monitoring will focus on the 13 new MHE questions: **language, born in Canada, identifying as First Nations, Métis or Inuit, ethnic/cultural background, racial group, identifying as a person with a disability, sex assigned at birth, gender identity, transgender, sexual orientation, difficulty paying for basic needs, and total family income and number of people supported by income**.

CHC Equity Obligations will be monitored together with the M-SAA indicators. The reporting is aligned with existing M-SAA reporting requirements indicated in Schedule D3 as well as the Ontario Health: Guidance Document for Service Accountability Agreement Local Obligation document (pages 7 and 8). Submission dates are similar to the M-SAA indicators.

Community Health Centres

- Continue to actively support Toronto Region Health Equity Initiatives through supporting approaches to service planning and delivery that: identify health inequities, actively seek new opportunities to address health inequities, and reduce existing health inequities.
- Implement the updated Measuring Health Equity question and report on the two Toronto Region specific indicators as outlined in the CHC Equity Data Collection Technical Specifications.
- The expectation is that data is also used for CHC program planning, linked to clinical outcomes and is made available for clinical application, as appropriate, by health care professionals. Submit demographic/equity data to ICES to link equity data and health outcomes with aim to link data to other administrative data bases.

Updates Measuring Health Equity Questions: https://torontohealthequity.ca/

The following are the reporting periods:

Fiscal 2023/24:

1. Q4 reporting: Given that the updated questions will only be rolled out in January 2024, **CHCs will not provide Q2 reporting**. Instead, they will provide reporting in **Q4** on the **3 equity indicators** to Ontario Health Toronto – **due date September 27th 2024**. A response will be provided by the Health Analytics team.

Fiscal 2024/25 and onwards:

1. Q2 reporting: CHCs will report on **one equity indicator (Indicator #1**) to Ontario Health Toronto – **due date November 7th of each year**. A response will be provided by the Health Analytics team.

2. Q4 to review year-to-date: CHCs will report on the **3 equity indicators** to Ontario Health Toronto – **due date June 7th of the following year**. A response will be provided by the Performance Management team.

1. CHC Equity Data Collection Participation Rate

Indicator Description

Specification	Description
DETAILED DESCRIPTION OF THIS INDICATOR	This indicator calculates the percentage of CHC active individual clients, 13 years of age and older at time of encounter, who had an encounter with the CHC and who responded to at least one of the 13 new standardized socio-demographic (equity) data questions, out of all the CHC individual active clients, 13 years of age and older at time of encounter, who visited the CHC in the fiscal year. Questions include: language, born in Canada, identifying as First Nations, Métis or Inuit, ethnic/cultural background, racial group, identifying as a person with a disability, sex assigned at birth, gender identity, transgender, sexual orientation, difficulty paying for basic needs, and total family income and number of people supported by the income. Assumptions: • The questions are voluntary and a client can refuse to respond to some or all of the questions. • CHC individual clients should be asked these questions *at the first occurrence*, and *then every **two** years or when information changes* to determine if there have been any changes in the clients' status.
INDICATOR CLASSIFICATION	Performance – Toronto Region MSAA Local Obligation
TARGET	>=75% Schedule D3 and the Ontario Health: Guidance Document for Service Accountability Agreement Local Obligation document for CHCs states that: Implement the updated Measuring Health Equity questions and report on the two Toronto Region specific indicators, as outlined in the CHC Equity Data Collection Technical Specifications.
INDICATOR CALCULATION	(Numerator / Denominator) *100

NUMERATOR

Specification	Description
CALCULATION	Total number of CHC active individual clients, 13 years of age and older at time of encounter, who had an in-person one-on-one encounter with the CHC and who responded to at least one of the 13 updated Measuring Health Equity questions.
DATA SOURCE	Electronic Medical Record (EMR) System; BIRT Data Repository
EXCLUSION / INCLUSION CRITERIA	**Inclusions** • Includes active individual clients, 13 years of age and older at time of encounter, who had an encounter in the last year. • Includes clients who responded to at least one updated Measuring Health Equity questions, including if that response was did not know or did not want to answer (i.e. responded "Do not know" and "Prefer not to answer"). • Note: Patients who prefer not to answer any questions should have ALL questions marked as "Prefer Not to Answer". **Exclusions:** • Group clients • Clients under the age of 13 at time of encounter • CHC clients who had non-registered encounters • Anonymous clients • Clients who did not have an encounter with the CHC in the **past year**

DENOMINATOR

Specification	Description
CALCULATION	The total number of active individual clients, 13 years of age and older at time of encounter, who had an encounter with the CHC within the fiscal year.
DATA SOURCE	Electronic Medical Record (EMR) System; BIRT Data Repository

EXCLUSION / INCLUSION CRITERIA	**Inclusions:** • Includes active individual clients, 13 years of age and older at time of encounter, who had an encounter in the last year. **Exclusions:** • **Gro**up clients • Clients under the age of 13 • CHC clients who had non-registered encounters • Anonymous clients • Clients who did not have an encounter with the CHC in the fiscal year

GEOGRAPHY & TIMING

Specification	Description
TIMING / FREQUENCY OF RELEASE How often, and when, are data being released	CHC standardized equity data collection questions began in Fall 2014, and collection for updated MHE begins in January 2024. Timeliness –data are uploaded daily to BIRT.
LEVELS OF COMPARABILITY Levels of geography for Comparison	Standardized equity data questions have been rolled out to all CHCs in Ontario. Data collection will begin in January 2024, however uptake may differ between CHCs.
TRENDING Years available for trending	Equity data information is available in EMR, and from BIRT.

Additional Information

Specification	Description

COMMENTS
Additional information regarding the calculation, interpretation, data source, etc.
	Rationale and Interpretation:
	• This indicator is a measure of progress of collecting equity data and how CHC clients are responding to the equity data collection.
	• Low participation rates may indicate challenges clients experience in responding to the questions or challenges CHCs experience in collecting the data and strategies can be identified to improve participation.
	• CHCs are mandated to serve marginalized populations. Connecting socio-demographic data to health outcomes will allow CHCs and Ontario Health Toronto Region to:
	  ○ determine who is and who is not being served,
	  ○ identify health disparities and determine who is most affected by health inequities, and
	  ○ examine the effect of social factors on health outcomes.
	• Information about the type and magnitude of health disparities can inform the development of strategies to reduce disparities by:
	  ○ aligning practices with unmet needs,
	  ○ providing evidence-driven input for policy development and service planning
	• All of these will in turn lead to system benefits of reduced costs through addressing issues like repeat Emergency Department visits and inpatient readmissions.
	
	Limitations
	• It may be more difficult to collect equity data from clients receiving services in group encounters than for clients who have an individual encounter.
	• Another limitation is the difficulty to collect data from clients receiving services episodically or drop-in clinics (i.e. flu clinics for the community).

REFERENCES Provide URLs of any key References	CHC demographic questions: https://torontohealthequity.ca/
RESPONSIBILITY FOR REPORTING	Health Service Providers
DATE CREATED (YYYY-MM-DD)	2016-02-17
DATE LAST REVIEWED (YYYY-MM-DD)	2024-08-30

2. Percent of Overall Active CHC Clients and Equity Data Collected

Indicator Description

Specification	Description
DETAILED DESCRIPTION OF THIS INDICATOR	This indicator calculates the percentage of *total CHC active individual clients*, 13 years of age and older at time of encounter, who responded to at least one of the new Measuring Health Equity questions, out of all CHC active clients, within the last three years. Given that the time period is 3 years, the Questions include **both the old 8 standardized questions (language, born in Canada, racial/ethnic group, disabilities, gender, sexual orientation, income, number of people supported by income) and the new 13 updated questions (language, born in Canada, identifying as First Nations, Métis or Inuit, ethnic/cultural background, racial group, identifying as a person with a disability, sex assigned at birth, gender identity, transgender, sexual orientation, difficulty paying for basic needs, and total family income and number of people supported by the income).** Assumptions: • The questions are voluntary, and a client can refuse to respond to some or all of the questions • CHC individual clients should be asked these questions *at the first occurrence,* and *then every two years* to determine if there have been any changes in the clients' status.
INDICATOR CLASSIFICATION	Explanatory Indicator
TARGET	Not applicable
INDICATOR CALCULATION	(Numerator / Denominator)*100

NUMERATOR

Specification	Description
CALCULATION	Total number of CHC active individual clients, 13 years of age and older at time of encounter, who responded to at least one of the Measuring Health Equity questions in the last 3 years (either the old 8 equity questions or new 13 questions).
DATA SOURCE	Electronic Medical Record (EMR) System; BIRT Data Repository

EXCLUSION / INCLUSION CRITERIA	**Inclusions:** • Includes all active individual clients, 13 years of age and older at time of encounter. Clients are defined as active if they have an individual encounter in the last three years. • Includes clients who answered at least one Measuring Health Equity question, including if that response was did not know or did not want to answer (i.e. responded "Do not know" and "Prefer not to answer"). • Note: Patients who prefer not to answer any questions should have ALL questions marked as "Prefer Not to Answer". **Exclusions:** • Group clients • Clients under the age of 13 at time of encounter • CHC clients who had non-registered encounters • Anonymous clients • Inactive clients (i.e. have not had an encounter at the CHC in the last three years).

DENOMINATOR

Specification	Description
CALCULATION	The total number of active individual CHC clients, 13 years of age and older.
DATA SOURCE	Electronic Medical Record (EMR) System; BIRT Data Repository
EXCLUSION / INCLUSION CRITERIA	**Inclusions:** • Includes all active individual clients, 13 years of age and older. **Exclusions:** • Group clients • Clients under the age of 13 • CHC clients who had non registered encounters • Anonymous clients • Inactive clients (i.e. have not had an encounter at the CHC in the last three years).

GEOGRAPHY & TIMING

Specification	Description
TIMING / FREQUENCY OF RELEASE How often, and when, are data being released	CHC standardized equity data collection questions began in Fall 2014, and collection for updated MHE begins in January 2024. Timeliness – the data is uploaded daily to BIRT.
LEVELS OF COMPARABILITY Levels of geography for Comparison	Standardized equity data questions have been rolled out to all CHCs in Ontario. Data collection will begin in January 2024, however uptake may differ between CHCs.
TRENDING Years available for trending	Equity data information is available in EMR, and from BIRT.

Additional Information

Specification	Description

COMMENTS
Additional information regarding the calculation, interpretation, data source, etc.
	Rationale and Interpretation:
	• This indicator is a measure of the broader progress of collecting equity data by CHCs. It is meant to tell us what proportion of the CHC clients in the system that we have equity data for. Having this information for a higher proportion of clients will allow for better system analysis
	• CHCs are mandated to serve marginalized populations. Connecting socio-demographic data to health outcomes will allow CHCs and Ontario Health to:
	• determine who is and who is not being served,
	  ○ identify health disparities and determine who is most affected by health inequities, and
	  ○ examine the effect of social factors on health outcomes.
	• Information about the type and magnitude of health disparities can inform the development of strategies to reduce disparities by:
	  ○ aligning practices with unmet needs,
	  ○ providing evidence-driven input for policy development and service planning
	• All of these will in turn lead to system benefits of reduced costs through addressing issues like repeat Emergency Department visits and inpatient readmissions.
	
	Limitations:
	The collection of socio-demographic data for clients who only receive group encounters is more challenging and would impact the outcomes of this indicator.

	The denominator may be slightly inflated due to clients who are not 13 years of age at time of encounter, but who then age and are counted in the total number of active clients without having had a new visit to answer the MHE questions. This should be rare, however, and the impact on the indicator will be small.
REFERENCES Provide URLs of any key References	CHC demographic questions
RESPONSIBILITY FOR REPORTING	Health Service Providers
DATE CREATED (YYYY-MM-DD)	2016-02-17
DATE LAST REVIEWED (YYYY-MM-DD)	2024-08-30

3. CHC Quality Indicators (New)

e) Missing Equity Data Rate
f) Prefer Not to Answer Rate
g) Do Not Know Rate
h) Combined Data Quality Rate

This is the proportion of 'unusable data' for program planning, but useful for data quality improvement.

These indicators are calculated for i) each individual question, ii) combined for all questions.

Note: Responses for Indigenous Identity question will not be included in these indicators for now. So there are 12 questions instead of 13 for this section.

Indicator Description

Specification	Description
DETAILED DESCRIPTION OF THIS INDICATOR	**3a) Missing Rate**: This indicator calculates the percentage of individuals who left a question unanswered/blank per demographic question for those clients who received the questions and provided responses. **3b) Prefer Not to Answer Rate:** This indicator calculates the percentage of individuals that selected the "Prefer Not to Answer" option per demographic question for those clients who received the questions and provided responses. **3c) Do Not Know Rate**: This indicator calculates the percentage of individuals that selected the "Do Not Know" option per demographic question for those clients who received the questions and provided responses. **3d)** Combined Data Quality Rate: This indicator is a sum of the above indicators (Missing Equity Data Rate, Prefer Not to Answer Rate, and Do Not Know Rate), providing the total proportion of data that is 'unusable' from that which was collected. Demographic questions are: preferred language/s, place of birth/arrival in Canada, ethnic/cultural background, racial group, (dis)ability and related supports, sex assigned at birth, gender identity, transgender, sexual orientation, affordability of basic needs, and family income and number of people it supports. **Assumptions:**

	• The equity data collection is voluntary, and some clients/patients may prefer not to respond to some or all of the questions.
INDICATOR CLASSIFICATION	M-SAA Toronto Region Specific Local Obligation
TARGETS	**Indicators 3a), 3b) and 3c):** Ontario Health – Toronto Region Target: <=10% **Indicator 3d):** TBD
INDICATOR CALCULATION	(Numerator / Denominator) *100

NUMERATOR

Specification	Description
CALCULATION	**3a)** The number of clients that left a question unanswered/blank per demographic question for those clients who received the questions and provided responses. **3b)** The number of clients that selected the "Prefer Not to Answer" option per demographic question for those clients who received the questions and provided responses. **3c)** The number of clients that selected the "Do Not Know" option per demographic question for those clients who received the questions and provided responses. **3d)** Sum of a), b) and c).
DATA SOURCE	Electronic Medical Record (EMR) System; BIRT Data Repository
EXCLUSION / INCLUSION CRITERIA	**Inclusions:** • Includes all eligible patients seen by the CHC within the corresponding reporting period • Clients who responded to at least one question • Responses include *Missing, Prefer not to answer* and *Do not know* as relevant for each indicator **Exclusions:** • Group clients • Clients under the age of 13 • CHC clients who had non-registered encounters • Anonymous clients • Clients who did not have an encounter with the CHC in the *fiscal year*

DENOMINATOR

Specification	Description
CALCULATION	For the 4 data quality indicators (a) Missing Equity Data Rate, b) Prefer Not to Answer Rate, c) Do Not Know Rate, and d) the denominator is the same: The total number of patients who responded to at least one of the **12** demographic questions in the questionnaire *(excludes Indigenous Identity question).*
DATA SOURCE	Electronic Medical Record (EMR) System; BIRT Data Repository
EXCLUSION / INCLUSION CRITERIA	**Inclusions:** All clients seen by the CHC within the corresponding reporting period that responded to at least one of the **12** demographic questions *(excludes Indigenous Identity question)*. **Exclusions:** Group clients • Clients under the age of 13 • CHC clients who had non-registered encounters • Anonymous clients • Clients who did not have an encounter with the CHC in the *fiscal year*

GEOGRAPHY & TIMING

Specification	Description
TIMING / FREQUENCY OF RELEASE How often, and when, are data being released	CHC standardized equity data collection questions began in Fall 2014, and collection for updated MHE began in January 2024. Timeliness – the data is uploaded daily to BIRT.
LEVELS OF COMPARABILITY Levels of geography for Comparison	Standardized equity data questions have been rolled out to all CHCs in Ontario. Data collection began in January 2024, however uptake may differ between CHCs.
TRENDING Years available for trending	Equity data information is available in EMR, and from BIRT.

Additional Information

Specification	Description
COMMENTS Additional information regarding the calculation, interpretation, data source, etc.	**Rationale and Interpretation:** • These indicators are a measure of the quality and usability of the data collected by CHCs. • Information about which questions clients/patients may decline to respond to, or do not know how to answer, can help inform barriers that may exist in how the question is framed and/or being understood. This can further inform the development of strategies to reduce inequities, e.g. by: • Developing more detailed scripts with rationales that can be shared with clients/patients who may be hesitant to answer certain questions • Training of staff collecting the data **Limitations:** • In a few cases, clients/patients may be unable to respond to the questions, e.g., too ill to communicate. • When CHC data collection processes do not enable CHCs to audit whether clients/patient received the questions, e.g., numerator includes clients/patients who were never asked but recorded as 'prefer not to answer' or 'missing', this affects data quality.
REFERENCES Provide URLs of any key References	CHC demographic questions: https://torontohealthequity.ca/
RESPONSIBILITY FOR REPORTING	Health Service Providers
DATE CREATED (YYYY-MM-DD)	2016-11- 28
DATE LAST REVIEWED (YYYY-MM-DD)	2024-08-30

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