



Advancing the Measurement of Equity in Health Care: Summary

Background

Equitable health care is an important component of health system performance. Measuring inequalities is a key step in identifying differences that may be considered unfair or unjust and that can be acted on to improve health equity in Canada. In 2015, the Canadian Institute for Health Information (CIHI) released a [suite of products](#) that uncovered significant and persistent income-related health inequalities. The importance of equity in health care was reinforced during consultations throughout this project, as well as during CIHI's recent strategic planning efforts. These consultations also identified that approaches used to measure inequalities in health and health care vary and could be strengthened by the development and use of common standards.

Building on CIHI's role as a convener and trusted source of data standards, CIHI held a pan-Canadian dialogue on March 22, 2016, to advance the measurement of equity in health care. A total of 37 participants attended from 12 provinces and territories, and the federal government.

The dialogue aimed to identify a core set of stratifiers (socio-demographic variables) for measuring equity in health care. It also aimed to engage participants in discussion about how to access and/or collect these stratifiers, and what next steps should be considered to advance equity measurement in health care at the pan-Canadian level.

Identifying and agreeing on core stratifiers

As the first step toward agreeing on a core set of stratifiers, dialogue invitees were asked to complete a survey to rate 22 stratifiers identified from the literature using 5 criteria:

- Strength of evidence
- Actionability
- Availability and use
- Acceptability
- Relevance

The survey results were the foundation for a series of consensus-building exercises, in which participants identified the following core stratifiers as highest priority for measuring equity in health care:

- Age
- Sex
- Geographic location
- Income
- Education
- Aboriginal identity
- Ethnicity/racial groups

Additional stratifiers were highly rated but require further consideration: housing, disability, language, health insurance, immigrant status, sexual orientation and gender identity. The following stratifiers were eliminated from consideration for the core set: household composition, marital status, country of birth, occupation, employment, wealth and religion.

Accessing stratifier data

Discussions were held to examine opportunities for and challenges in accessing equity stratifiers through data linkage or data collection at the national, provincial/territorial, regional and care provision levels. Some of these activities have been initiated across Canada. For example, Statistics Canada is building on its program of record linkage and has great potential to link health and social data sources at the individual level. Initiatives under way at the Manitoba Centre for Health Policy and the Toronto Central Local Health Integration Network also provide opportunities for sharing success stories and lessons learned. [Please see the proceedings report for more details.](#)

Ideas for next steps

Moving forward, dialogue participants suggested that CIHI consider the following activities in partnership with other organizations and jurisdictions:

- Engage a broader group of stakeholders to agree on the proposed core stratifiers.
- Establish working groups to refine and review stratifier definitions, as well as to clarify the purpose of each stratifier within policy, practice or system management levels.
- Facilitate the exchange of success stories and lessons learned to advance the collection and use of comparable equity stratifier data.



Talk to us

For more information:

cphi@cihi.ca

For media inquiries:

media@cihi.ca