

# Monitoring Health Inequalities in Canada: Meeting the challenge through collaboration, communication and innovation

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Conflictos de interés: Los autores declaran no tener conflictos de interés alguno.

## Abstract

**Background:** Monitoring of health inequalities demands access to multiple data sources and surveillance systems that enable disaggregation by a range of sub-population groups. It demands development of innovative approaches to maximize data use to routinely provide absolute and relative measures of health inequality. These demands challenge the traditional epidemiological surveillance systems. **Purpose:** To describe the process of implementing a system to measure and report on health inequalities in Canada while discussing gaps in the current surveillance system specific to health inequalities. Based on lessons learned to date, we will identify key considerations for undertaking this work.

**Study/Intervention Design:** At the World Health Assembly in 2012, Canada endorsed the Rio Political Declaration on the Social Determinants of Health, which committed member states to monitoring health inequities. This prompted collaboration among the Pan-Canadian Public Health Network, the Public Health Agency of Canada, the Canadian Institute for Health Information and Statistics Canada to undertake a Pan-Canadian Baseline Health Inequalities Reporting Initiative. **Methods:** The magnitude of inequalities was estimated for over 60 indicators of health status, health behaviors and structural determinants of health, based on over a dozen social stratification variables meaningful to health equity.

**Results:** Key considerations in the development and implementation of national measurement and reporting system for health inequalities:

(1) Partnerships and coalition-building: 1a) Engagement of national, federal, provincial, and territorial stakeholders within and beyond the government health sector; 1b) Close collaboration with principal data custodians and intragovernmental colleagues/partners; 1c) Creation of a pan-Canadian National Advisory

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Committee and a complementary Technical Working Group composed of public health practitioners, researchers and decision makers with specific interest in health inequalities;

(2) Governance and communication: 2a) Governance and financial mechanisms in place to facilitate the production of results; 2b) Outreach to multiple audiences/stakeholders to promote a high degree of acceptability and "buy-in" across jurisdictions and sectors and support the sustainability of this initiative;

(3) Data sources and methodology: 3a) Exploration of a wide range of data sources in the process of populating health inequality indicators revealed current data gaps and challenges; 3b) Innovative analytical methods and approaches undertaken in collaboration with interdepartmental methodologists helped to maximize the use of available data.

Conclusion: The development and implementation of this health inequality monitoring system will enhance Canada's capacity for health inequality measurement and monitoring. Lessons learned through the implementation process will inform future efforts to address surveillance data gaps for health inequality monitoring. Such efforts can support coordinated action to address factors that create and sustain health inequalities.