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SDOH Integration into Syndromic Surveillance and Emergency Response Systems

December 2016 ISDS Dr Kieran Moore FRCPC Professor, Queen's University Dr Paul Belanger, Associate Professor Queen's University Knowledge Management KFLA Public Health , Ontario, Canada

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Conflict of Interest Declaration

<u>Presenters</u>: Kieran Moore, Paul Belanger

- -No commercial interests
- Employee of KFL&A Public Health
- Not a member of a speakers' bureau
- Web tools are free!

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Agenda

- SDOH mapping and introduction to deprivation indexes
- Public Health Information Management System (PHIMS)
 - Why?
 - Demonstration
 - Identifying vulnerable populations
 - Visualizing real-time health outcomes

Social Determinants Lens (1)

- It is well established that health outcomes are often correlated with socioeconomic and geodemographic markers.
- Much research of late has focused on unpacking these relationships and the empirical evidence is often compelling.
- The analytical challenge is non-trivial (which variables, interaction effects, robustness, leverage, etc.)

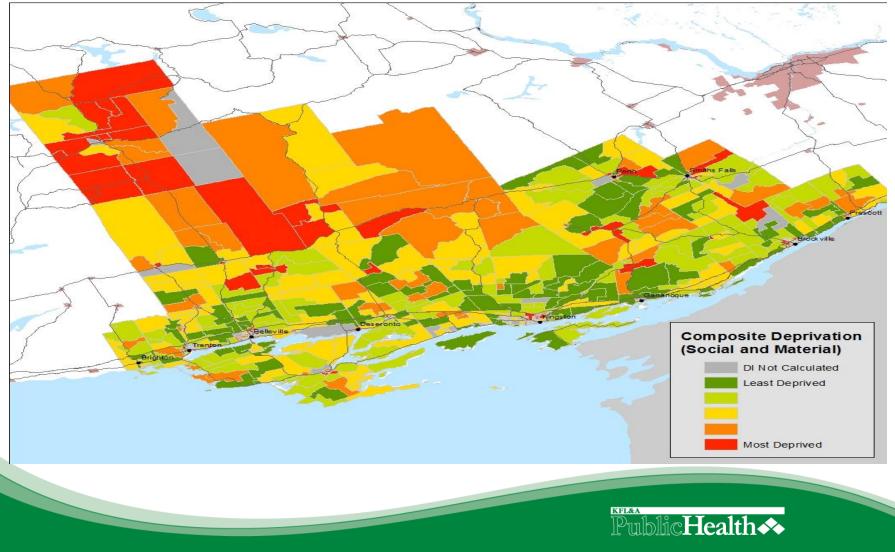


Social Determinants Lens (2)

- We use a Deprivation Index created by Robert Pampalon et al. (INSPQ) that combines six (6) census variables using principal components analysis into two indices of deprivation (material and social):
 - 1. income
 - 2. employment status
 - 3. martial status
 - 4. single-headed family status
 - 5. education
 - 6. living alone
- These have been repeatedly shown to discriminate health outcomes
- All DAs in Canada have been scored

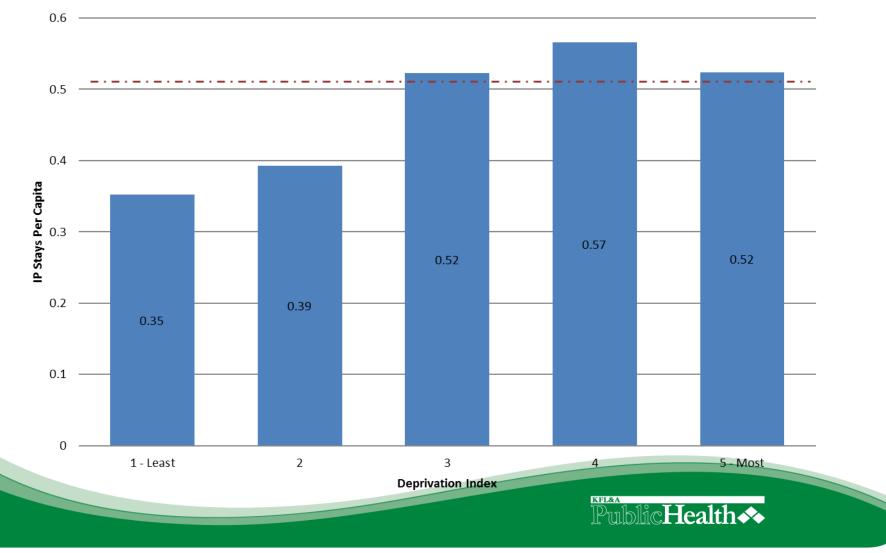


Social Determinants Lens (3) (Spatially Targeted PH Interventions)



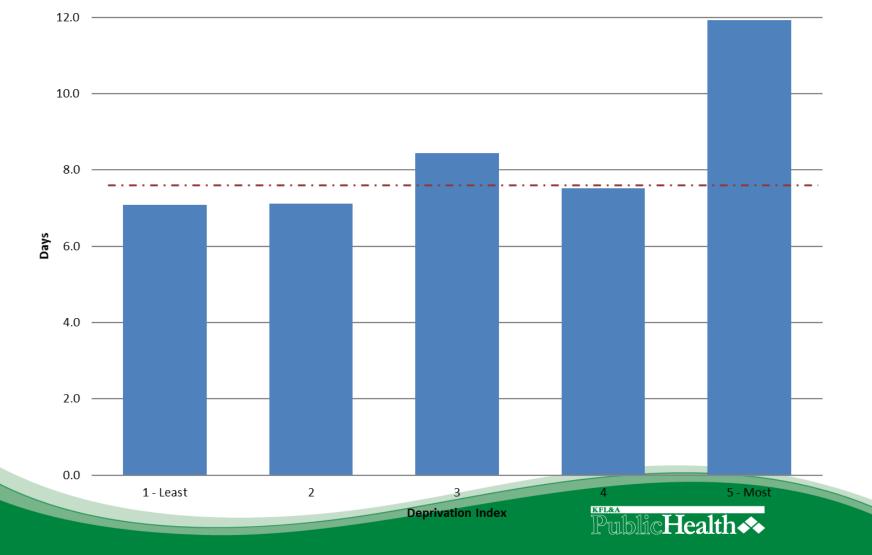
Social Determinants Lens (4)

IP Utilization Rate by DI



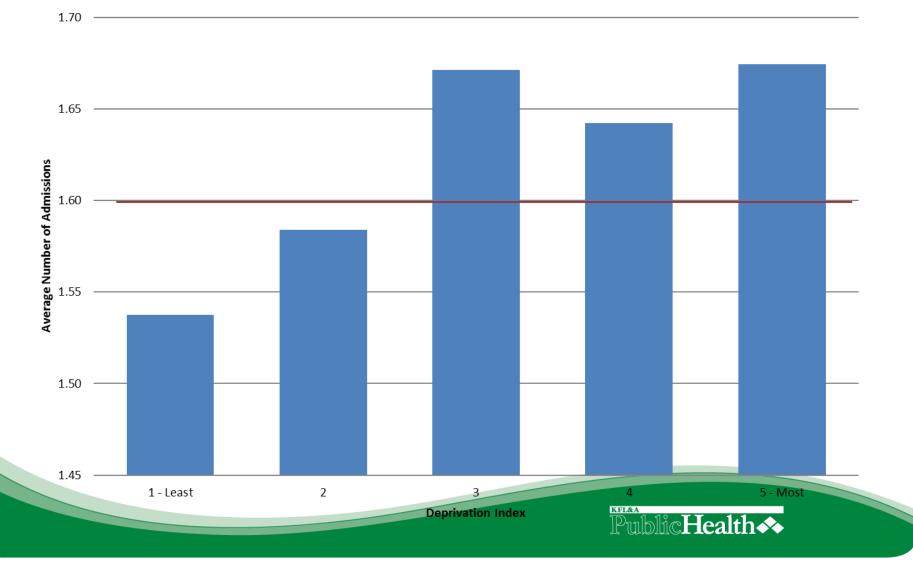
Social Determinants Lens (5)

IP Median Length of Stay by DI

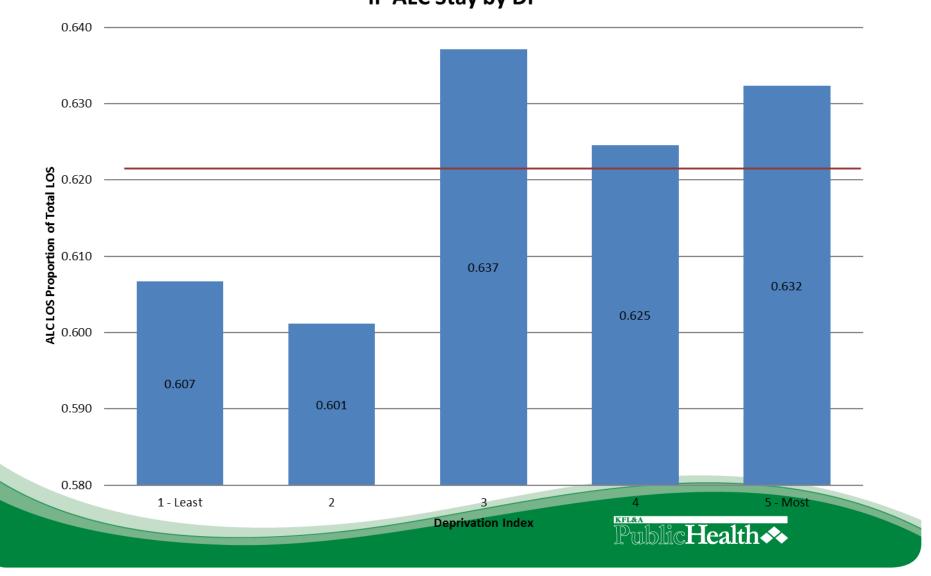


Social Determinants Lens (6)

IP Patient Usage Rate by DI

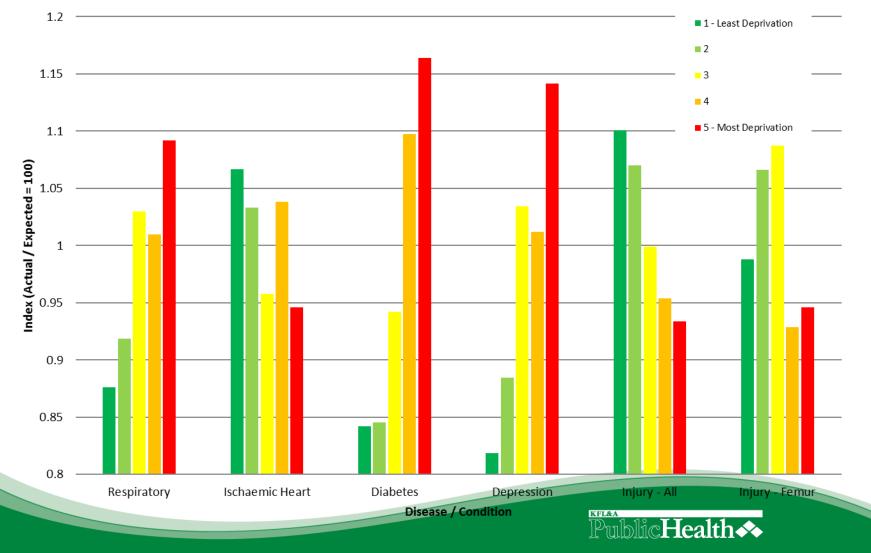


Social Determinants Lens (7) IP ALC Stay by DI



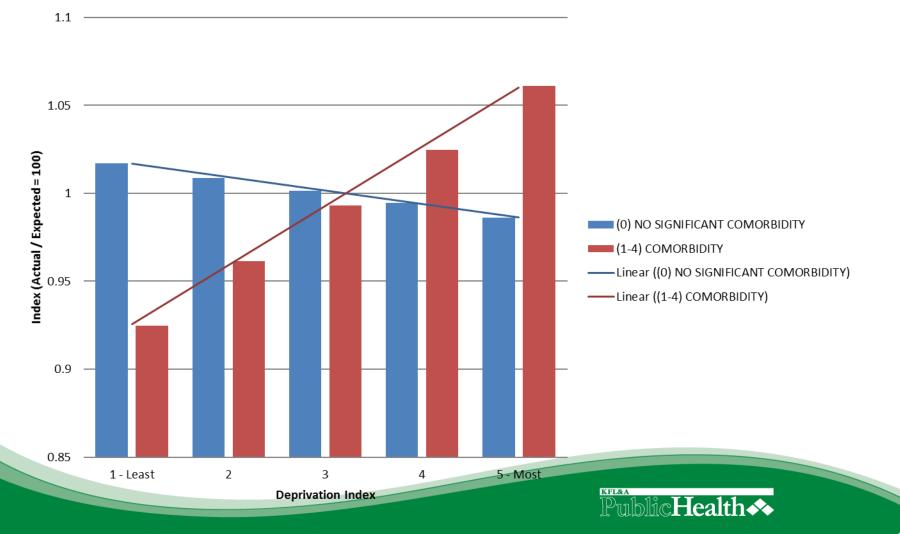
Social Determinants Lens (8)

IP Most Responsible Diagnosis (MRD) by DI



Social Determinants Lens (9)

IP Comorbidity Presence by DI



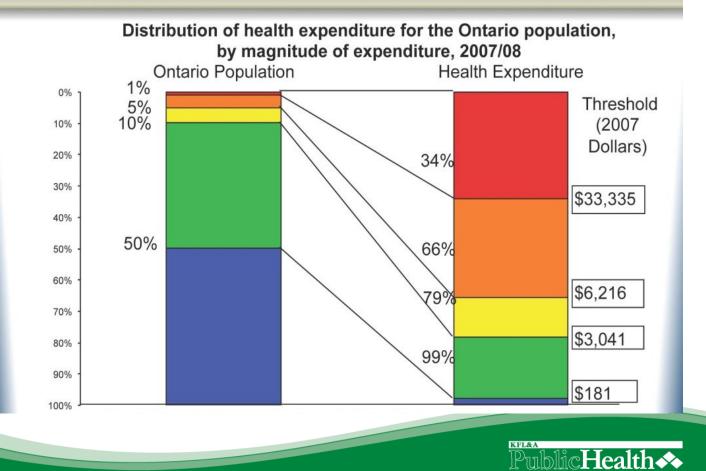
Social Determinants Lens (10)

Our most deprived populations have:

- the most in-patient stays per capita;
- the longest stays;
- highest number of multiple stays;
- highest risk of converting to an ALC stay;
- very pronounced and long-term costly conditions; and
- the highest comorbidities.
- Implication → resource constraints (\$) mean that our mitigation strategies could be spread so thin as to be ineffectual if we try to spend globally; perhaps we spatially target our investment and focus on our interventions in areas of high material and social deprivation

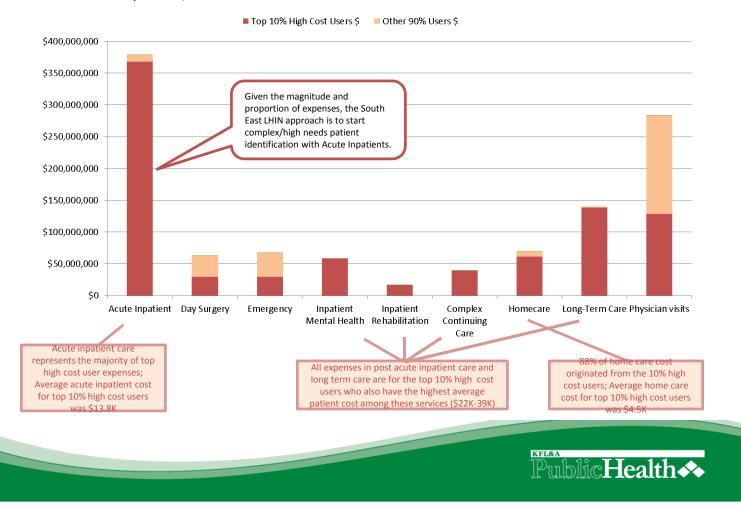


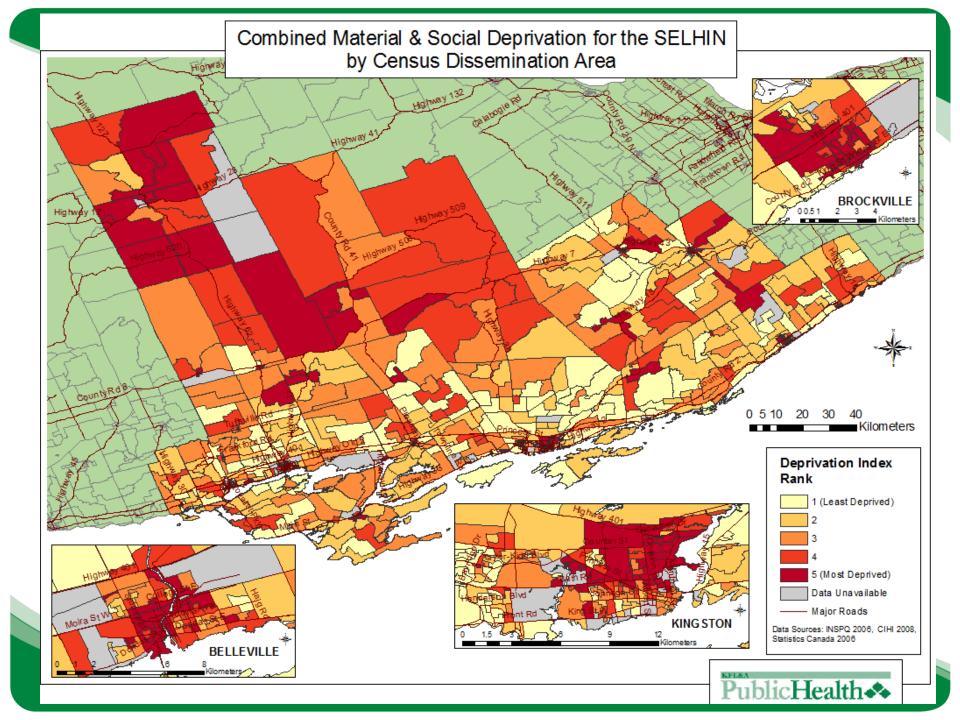
The Concentration of Healthcare Spending in Ontario

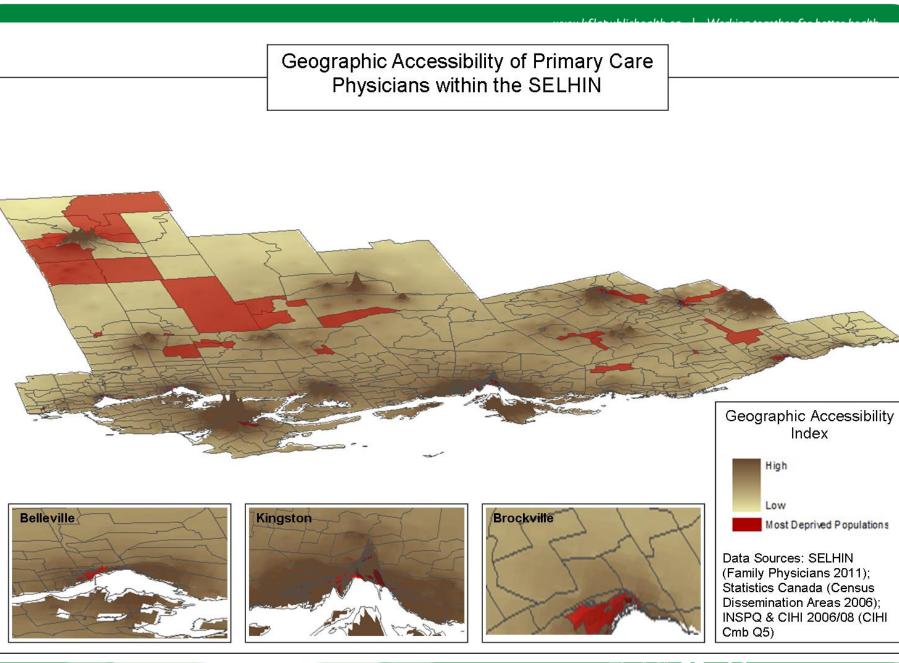


Distribution of Expenses across Health Care Types for Top 10% High Cost Users, South East LHIN, 2010/11

Source: Health Analysis Branch, MOHLTC







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www.phims.ca

A real time environmental health surveillance system with population based integrated determinants of health layers

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PHIMS – EH Rationale

- Initially designed for the senior management team for Situational Awareness/Decision support
- Geospatial portal

- Support reporting obligations, surveillance, situational awareness,
- <u>www.kflaphi.ca</u>

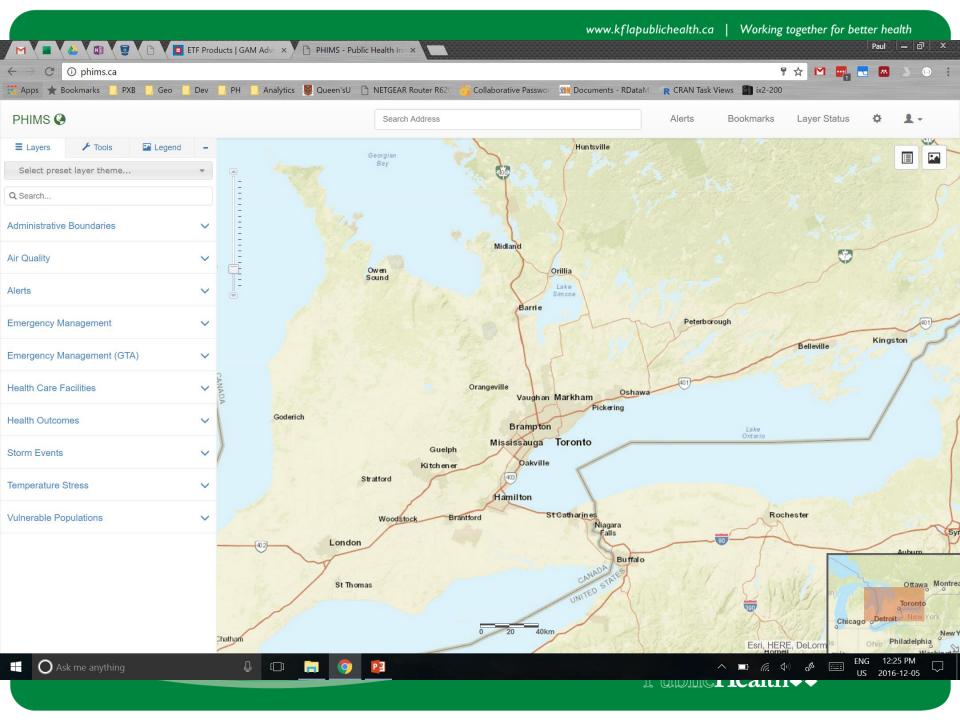
EH REAL TIME Module

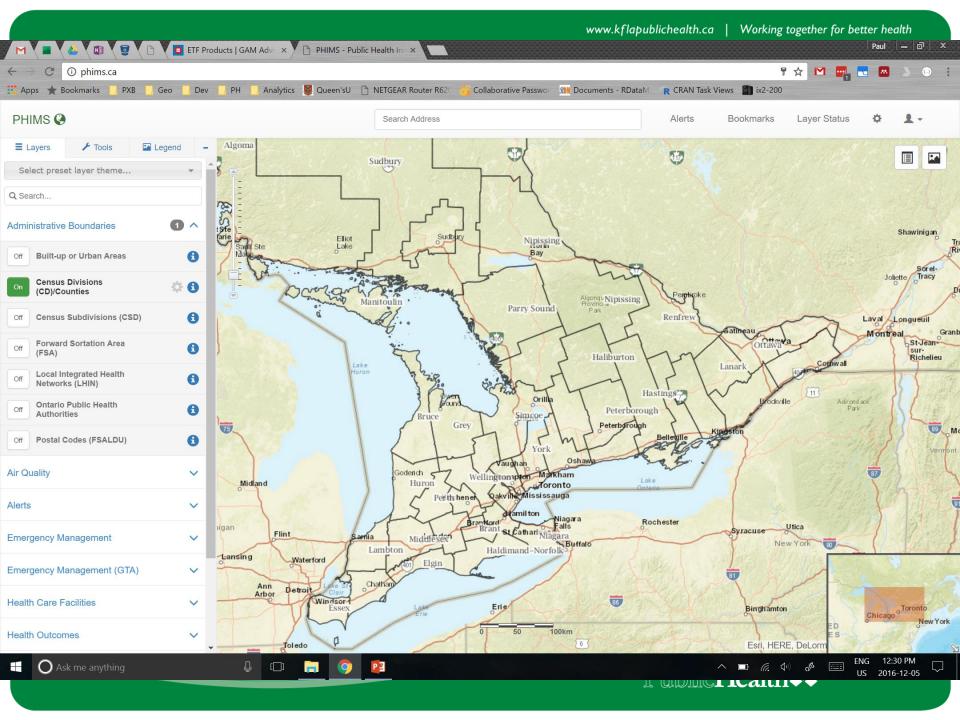
- Air Quality (both AQI and AQHI sensors)
- Env. Canada Weather Stations
- US National Weather Service
- Env. Canada Hydrometric Stations
- BlueSky Smoke Forecasting
- MNR Forest Fires
- MODIS Imagery

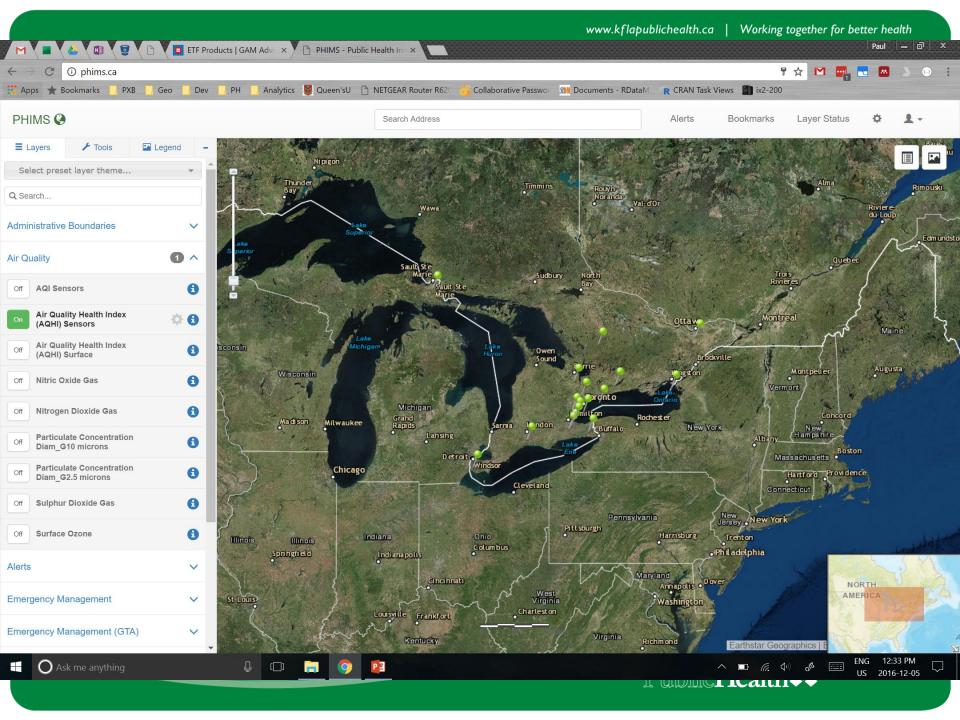


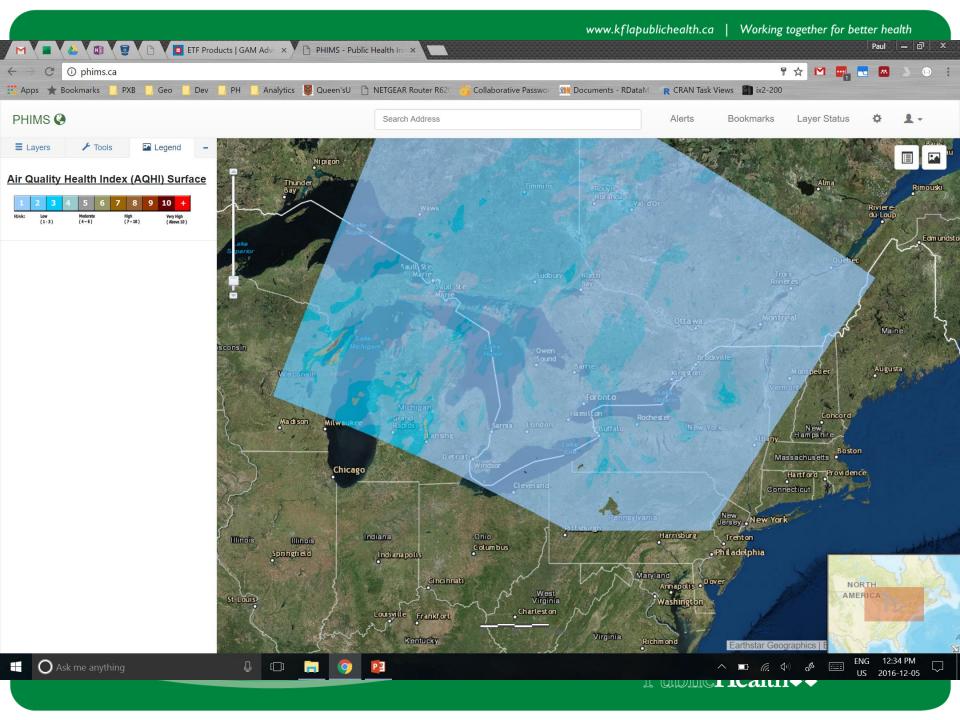
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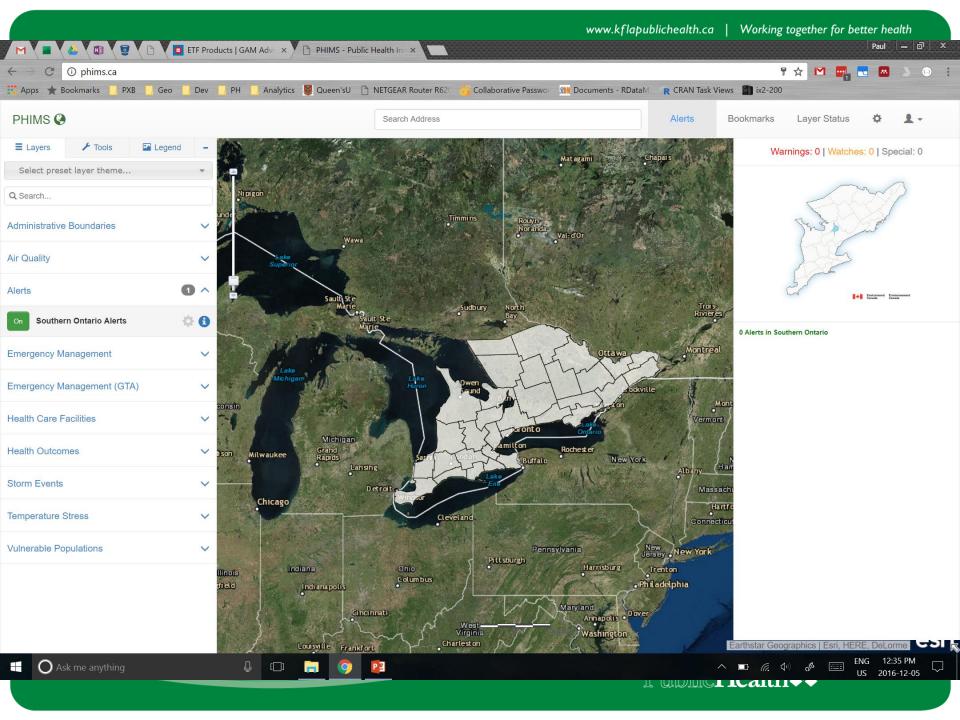
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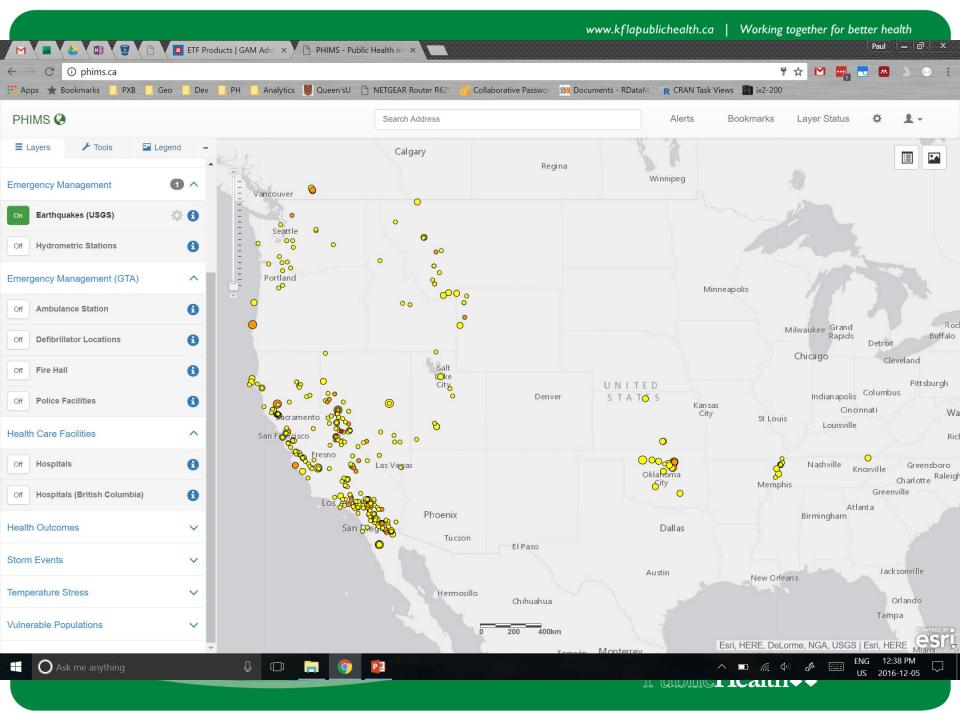




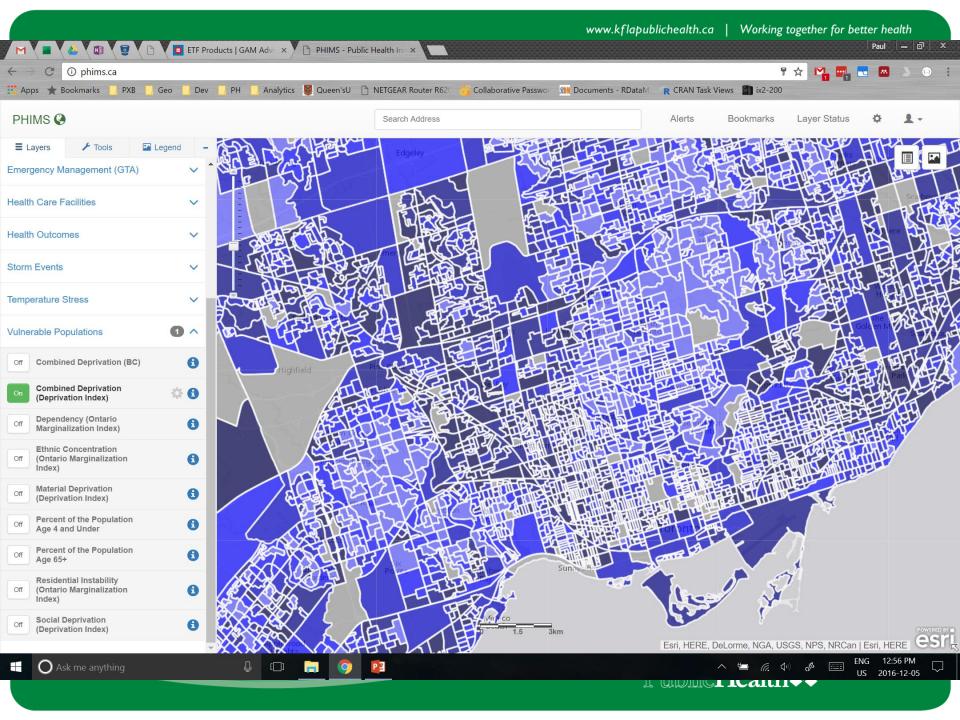


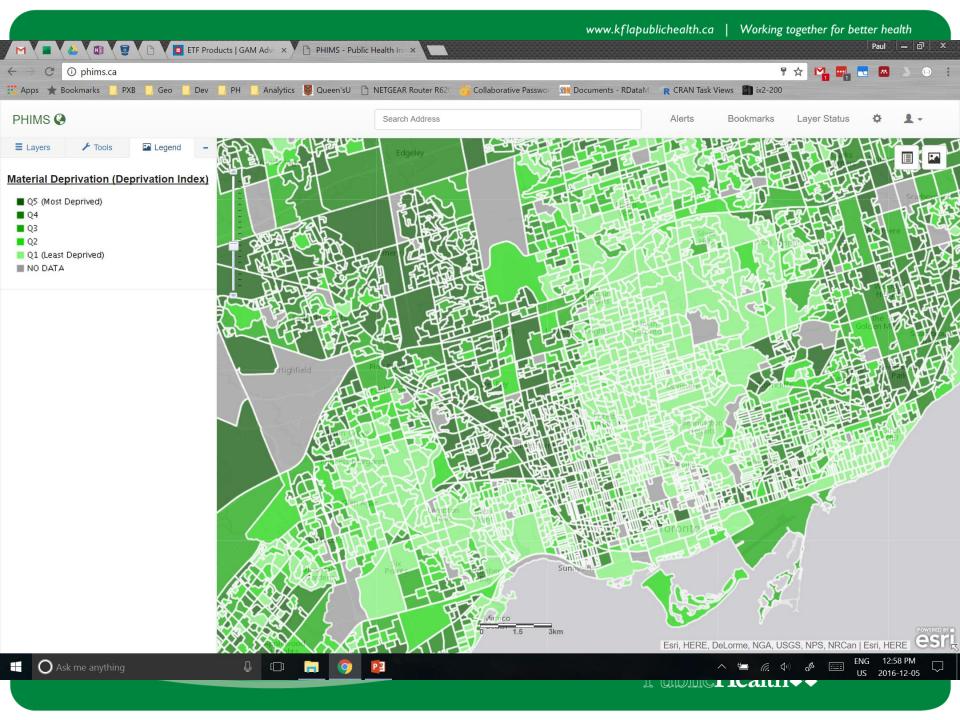


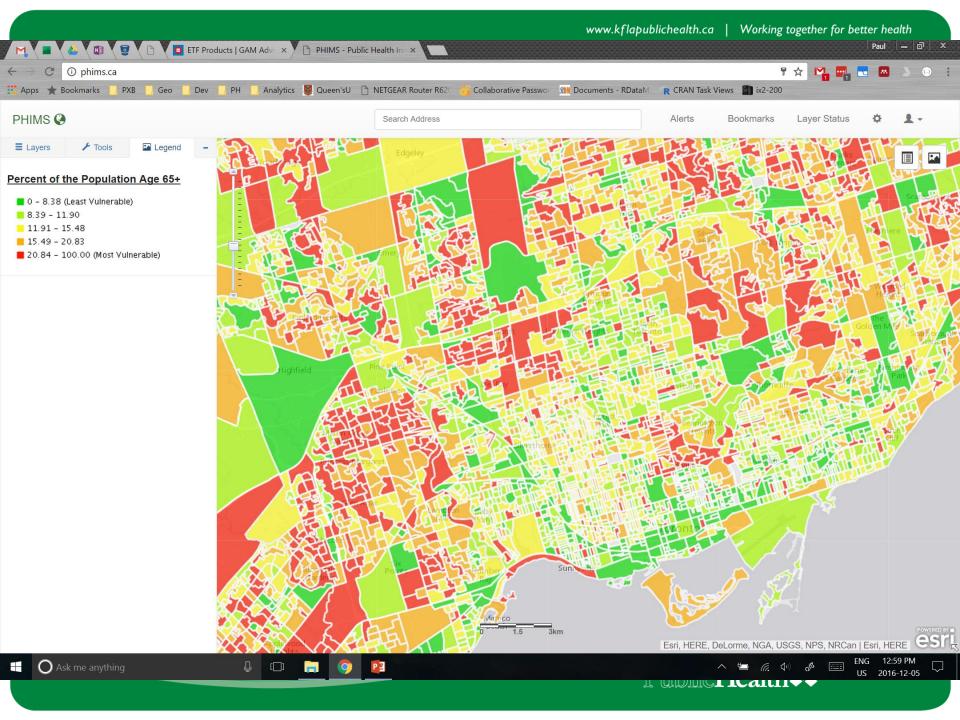


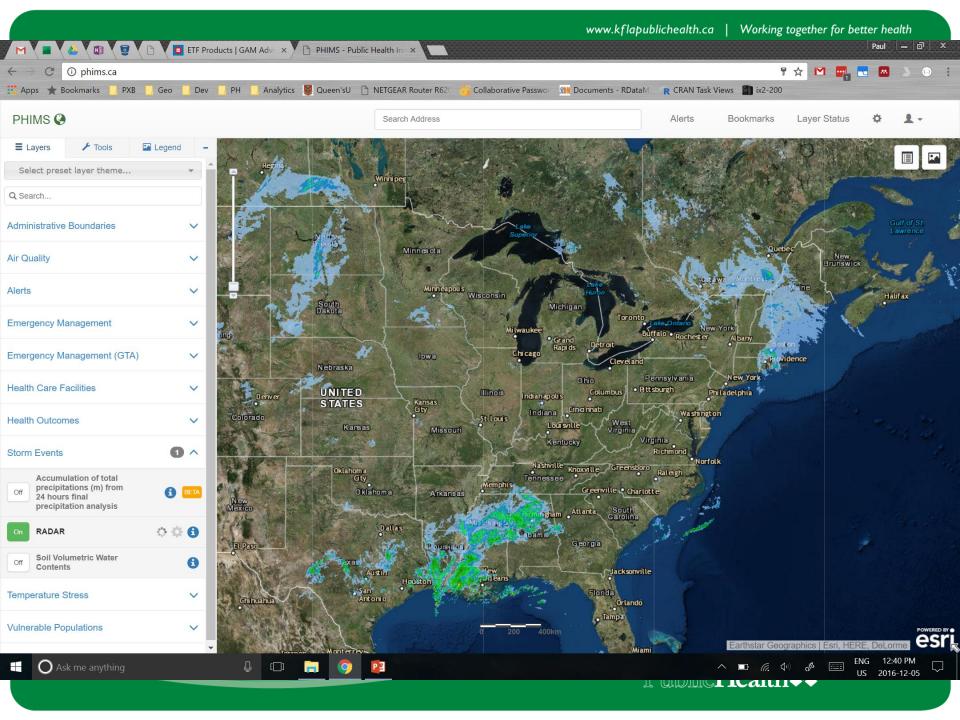


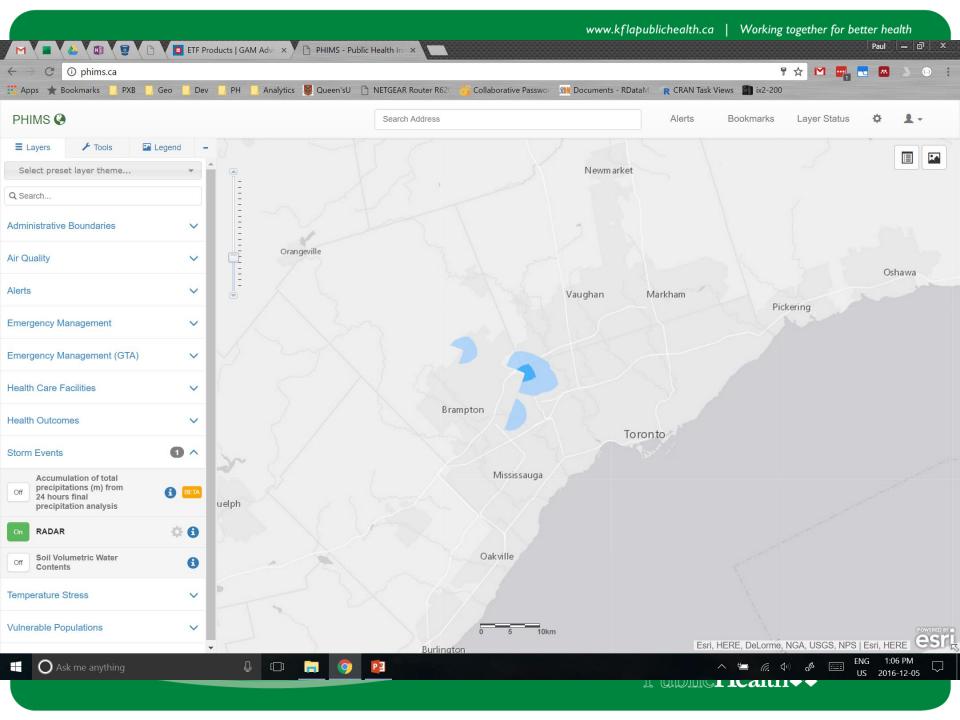
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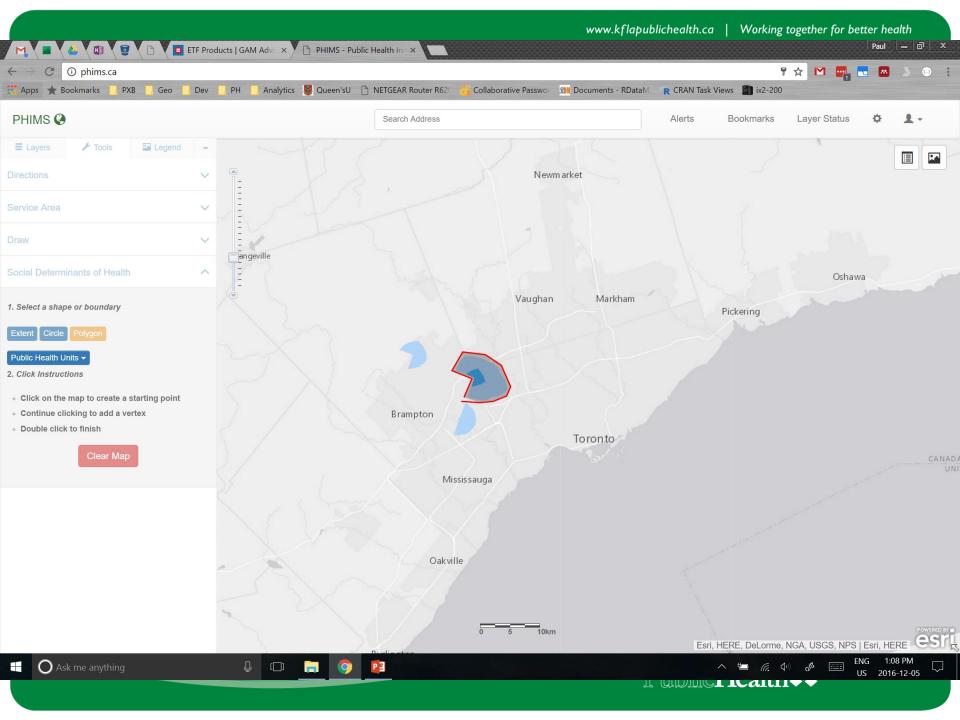


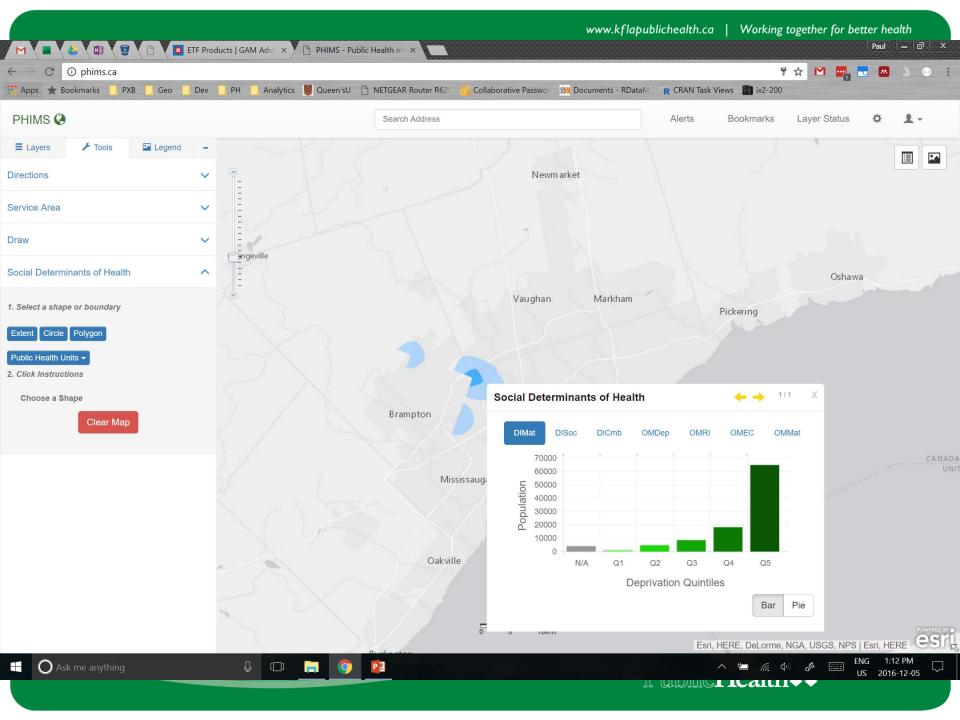


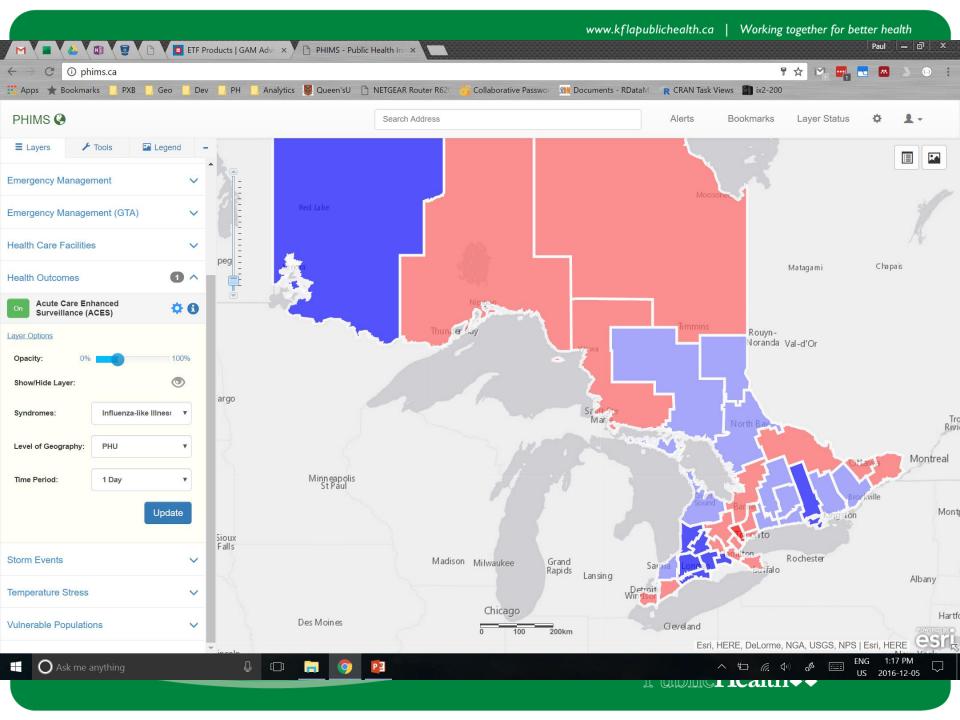


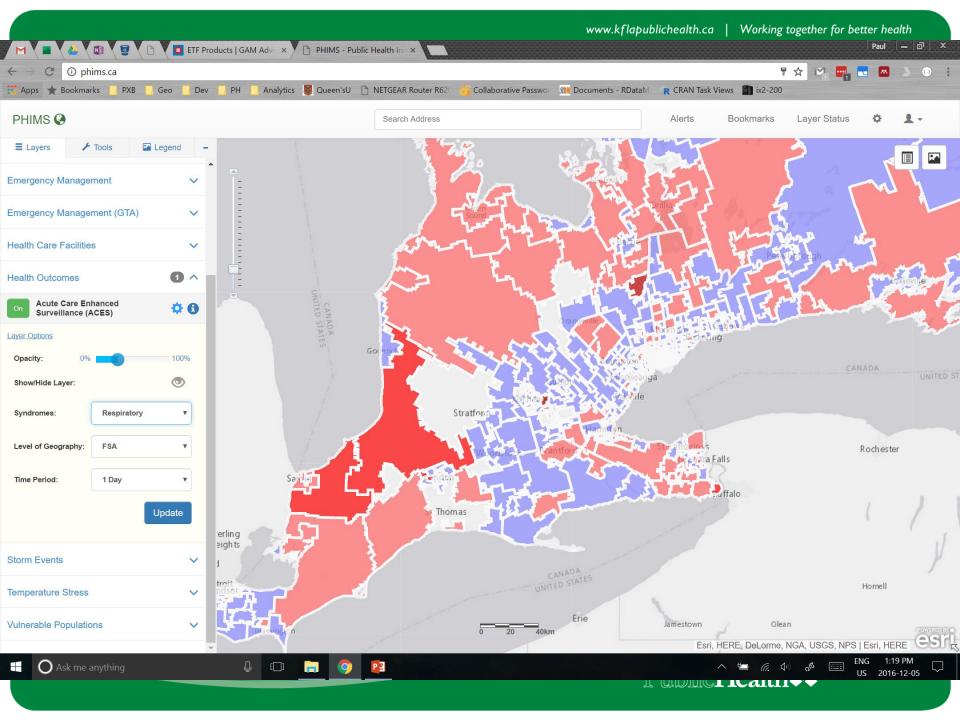












Q & A

Contact:

Dr. Paul Belanger Manager, Public Health Informatics 613-549-1232 x1602

paul.belanger@kflapublichealth.ca

Dr. Kieran Moore Associate Medical Officer of Health 613-549-1232 x1121 kieran.moore@kflapublichealth.ca

