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Health Equity and Social Determinants of Health

Janine Kaye, Manager, Connected Care Stakeholder Engagement

Canadian Institute for Health Information

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Scan the QR code
for more information

Health equity and population health

- Health equity is achieved when everyone, regardless of sex, gender, income, race or other socio-demographic characteristics, has a fair opportunity to reach optimal health.
- In Canada, differences across population subgroups (or inequalities) are significant for a range of health care indicators and are generally persisting or worsening over time.
- Health systems with a commitment to health equity recognize that measurement matters.

CIHI's Approach to Health Equity

1. **Develop and promote socio-demographic data standards** for collection, analysis and performance reporting

2. **Integrate equity measurement** into CIHI analysis and reporting to identify opportunities for population health and system improvement

3. **Develop methods and tools** to support health systems in measuring and reporting on health inequalities

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Pan-Canadian Health Data Content Framework

The Pan-Canadian Health Data Content Framework

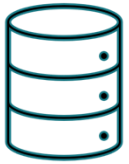
What is it?

One comprehensive data content standard with common data architecture for all health-related data in one place.

Purpose

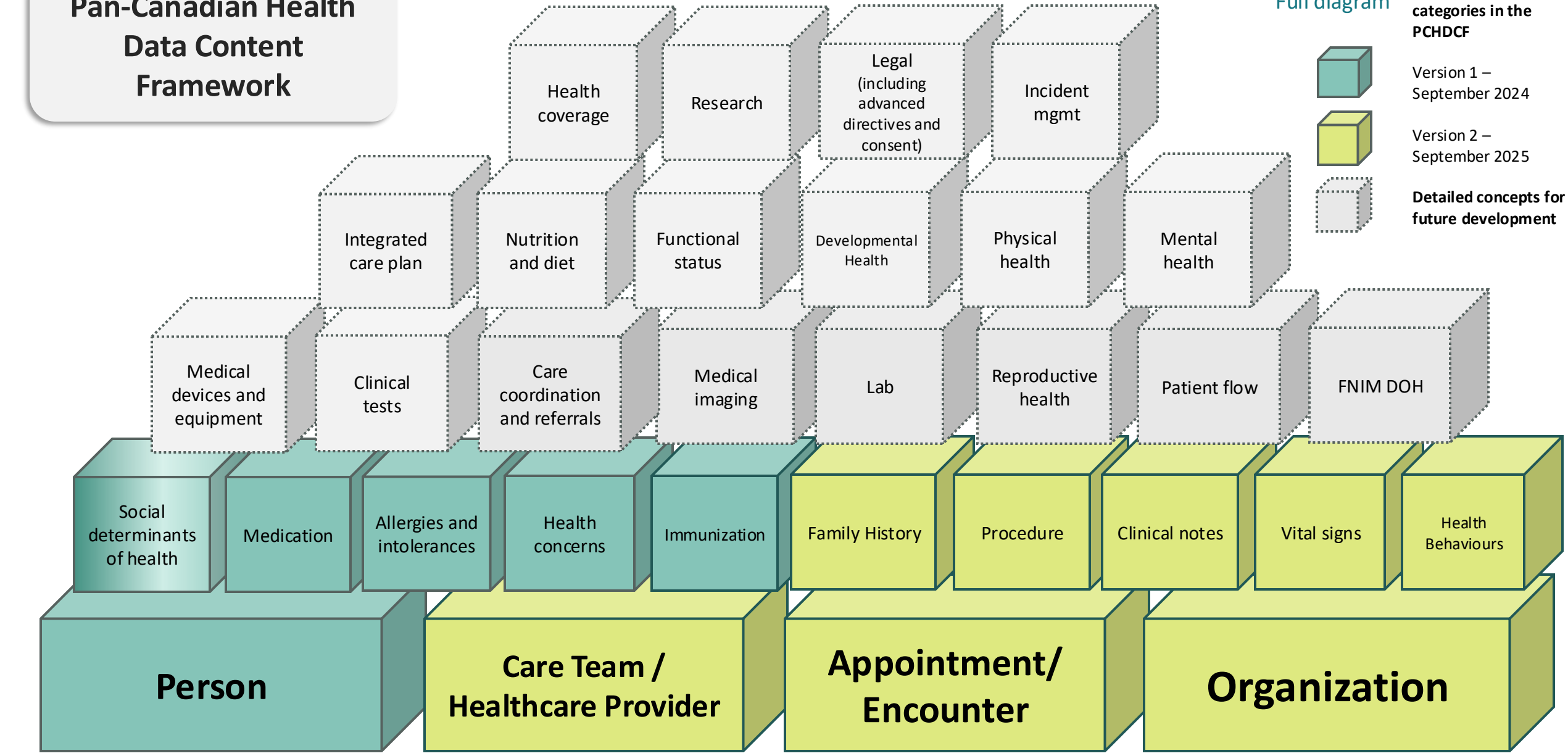
Improve the quality and consistency of health data captured and shared across Canada. Its purpose is broad and includes interoperability.

Features



• One content standard	Includes data elements, value sets and common data architecture
• Person-centric	Prioritizes the individual in the data design
• Pan-Canadian	Comparable across all health systems
• Sector-agnostic	Applies to patient care regardless of sector
• Comprehensive	Includes data for clinical care and health system use (i.e., health research, population and public health surveillance, and health system management).
• Built-in maturity	Levels 0 to 3 indicate maturity of products for use
• Bilingual	Available in English and French

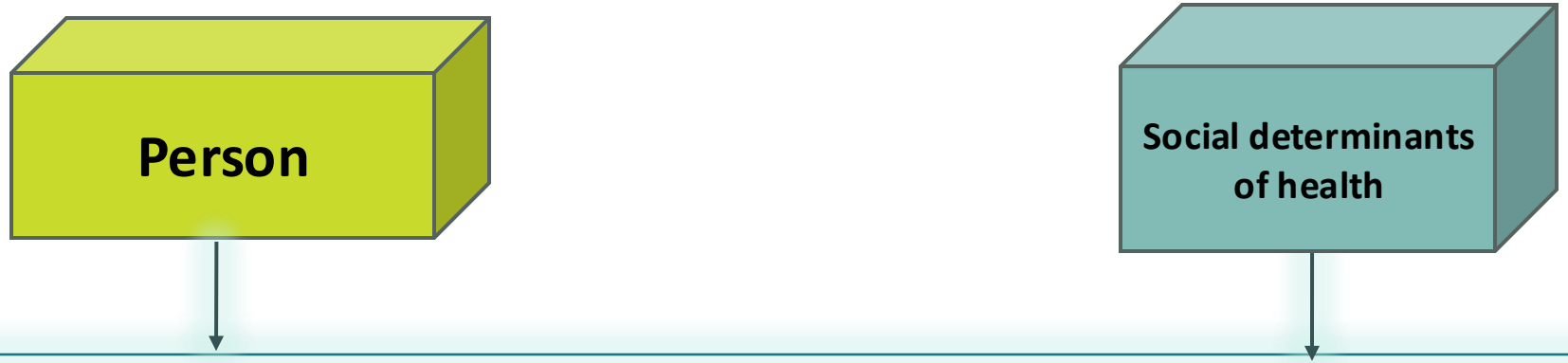
Pan-Canadian Health Data Content Framework



Version 1, Sept 2024

Version 2, Sept 2025

Social Determinants of Health and Other Health Equity Related Standards



- Service Language
- Indigenous Identity
- Born in Canada flag
- Date of Arrival in Canada
- Racialized Group
- Religious or Spiritual Affiliations
- Gender Used
- Gender Identity
- Sex at Birth
- Recorded Sex or Gender
- Sexual Orientation

- Social Supports
- Relationship Status
- Education Level
- Employment Status
- Household Income
- Financial Stability
- Housing Stability
- Household Composition
- Housing Condition
- Housing Type
- Access to Food

- Barriers to Food Access
- Access to Medication
- Access to Treatment
- Access to Internet
- Access to a Phone
- Access to Transportation
- Access to Utilities
- Access to Child Care
- Experience with Interpersonal Violence
- Legal History

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Pan-Canadian Gender, Sex, Sexual Orientation Standards

Current Canadian Landscape

- In Canada, most digital health systems are unable to capture standardized information on sex and gender beyond a single, conflated sex or gender field

- This leads to significant differences with regards to how provinces and territories define, collect and use this information

CIHI is building a future where *every Canadian* gets the care they need — when and where they need it — powered by trusted, accessible data.

Development of Canadian GSSO Standards

- ✓ CIHI is establishing the first pan-Canadian gender, sex and sexual orientation (GSSO) standards
- ✓ The standards meet a wide range of information needs across the health care system, including clinical care
- ✓ The standards were developed in consultation with 2SLGBTQI+ community members

Engagement Process

- CIHI partnered with the Community Based Research Centre (CBRC) to host a half-day engagement session following their annual Summit in November 2024
- The goal of the session was to obtain feedback on the proposed pan-Canadian GSSO standards, as well as the collection and governance of GSSO data
- Session was co-facilitated by Dr. Murdoch Leeies, a critical care and emergency department physician and member of the 2SLGBTQ+ community
- Shared an information sheet one week ahead of time with participants with the proposed standards and background information

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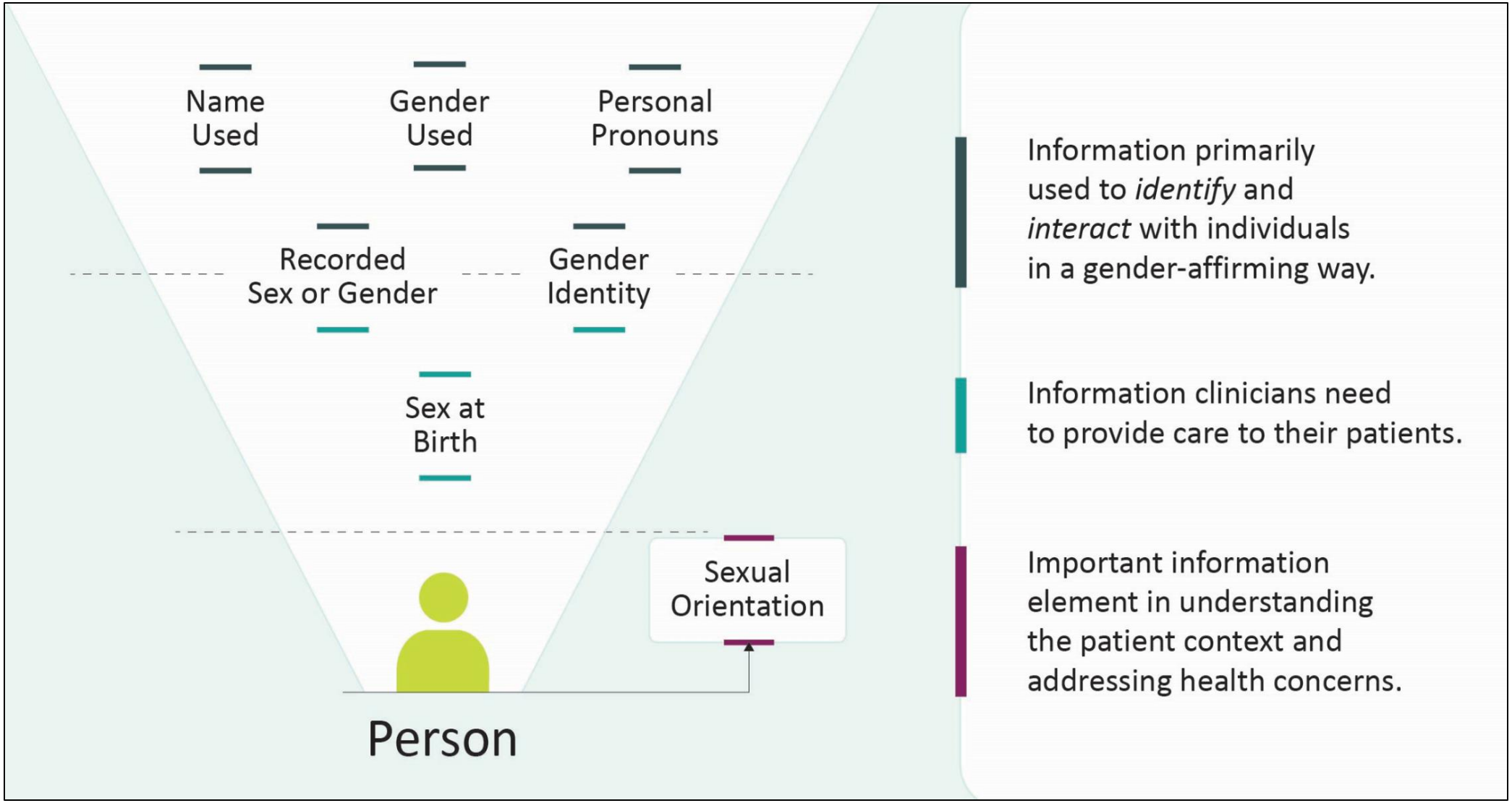
Pan-Canadian GSSO Standards



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Routine stratification as CIHI reporting standard

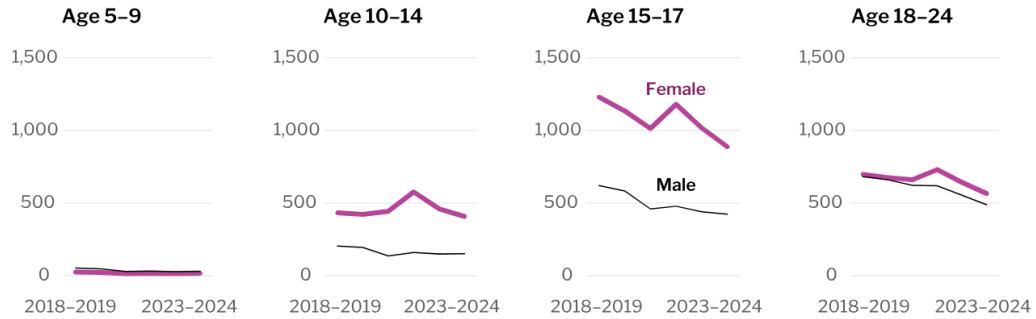
Routine stratification introduced as a reporting standard in 2023 -> all CIHI analytic reports, data tables, and indicator reporting tools to include stratified results as applicable by:

- age
- gender or “recorded sex or gender”
- individual or neighbourhood income quintile
- urban vs. rural/remote geography

+ work underway to expand health equity analysis and reporting, including inequalities by education, language, racialized group and other stratifiers

Hospitalizations for children and youth experiencing mental health disorders are highest among females age 15–17

Crude rate of children and youth who were hospitalized for mental health disorders per 100,000 children and youth (age 5–24), all provinces/territories



Notes
Inpatient hospitalizations were selected if the most responsible diagnosis was defined as mental health–related based on a list of ICD-10-CA codes.
Patients with more than one mental health–related hospitalization were counted once per fiscal year.

Sources
Discharge Abstract Database and Ontario Mental Health Reporting System, 2018–2019 to 2023–2024, Canadian Institute for Health Information.
Population estimates: Statistics Canada, Demography Division.

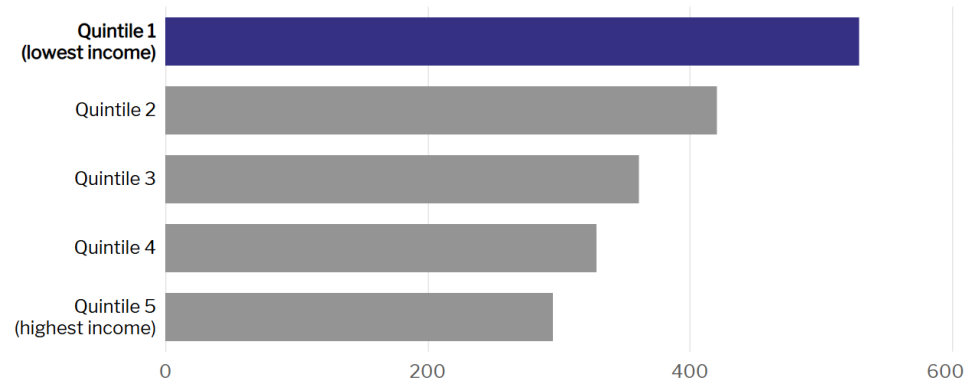
MHRC's national polling data showed that income does impact mental health needs and access to services. Those earning less than $30,000 reported significantly higher needs for mental health support. Compared with those earning over $100,000, they were twice as likely to use free community services and free and self-help resources, and half as likely to use services paid by private insurance or out of pocket.

— Michael Cooper, Vice-President, Development and Strategic Partnerships, Mental Health Research Canada

Hospitalizations for children and youth experiencing mental health disorders are highest for those from the lowest-income neighbourhoods

Options

Crude rate of children and youth who were hospitalized for mental health disorders per 100,000 children and youth (age 5–24) by neighbourhood income quintile, all provinces/territories, 2023–2024



Bar chart of the rate of children and youth who were hospitalized for mental health disorders by income quintile group. Quintile 1 (lowest income) has the highest rate of the 5 quintiles.

Notes
Inpatient hospitalizations were selected if the most responsible diagnosis was defined as mental health–related based on a list of ICD-10-CA codes.
Patients with more than one mental health–related hospitalization were counted once per fiscal year.
Income is defined at the neighbourhood level using the patient's residential postal code and Statistics Canada's Postal Code Conversion File+ (PCCF+) tool.

Sources
Discharge Abstract Database and Ontario Mental Health Reporting System, 2018–2019 to 2023–2024, Canadian Institute for Health Information.
Statistics Canada. Postal Code^{OM} Conversion File Plus (PCCF+).
Population estimates: Statistics Canada, Demography Division.

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- Scan the QR code to find CIHI's **Health Inequalities Toolkit**, with resources for planning, analysis and reporting.

- CIHI's Health Equity team supports external clients and internal staff **HealthEquity@cihi.ca**

Key Toolkit Resource:

Equity Stratifier Inventory

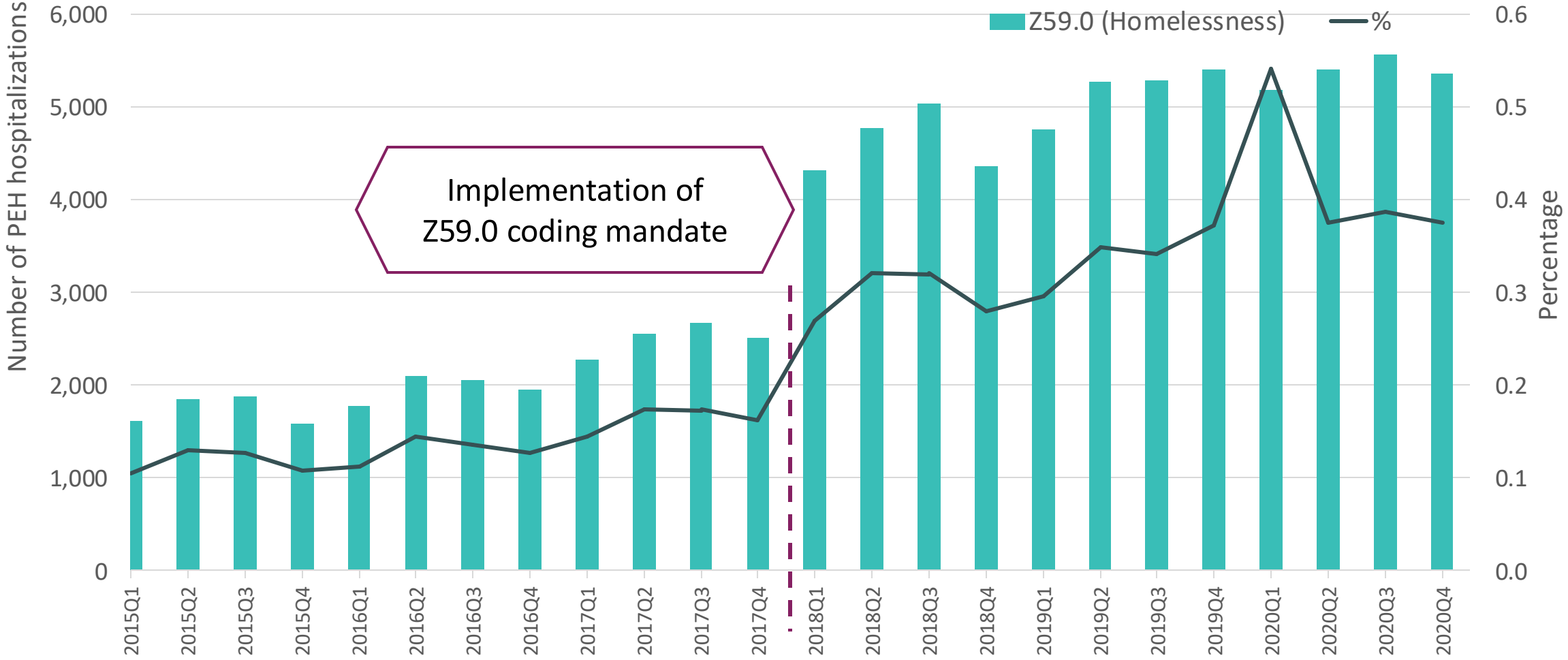
Stratifier*	HMDB (DAD + MED-ÉCHO) 2022–2023
Age**	A
Recorded sex or gender	A
Sex**	N
Gender**	N
Income**	A[1]
Education**	N
Geographic location (urban versus rural/remote)*	A[1]
Ethnicity††	N
Racialized groups††	P
Indigenous identity‡‡	P
Disability	N
Employment status	N
Occupation	N
Homeless	P

Identifying patients experiencing homelessness (PEH) in hospital data

Scan the QR code for more information

- Recording of homelessness using the Z59.0 code increased after the 2018 coding mandate, supporting better data for health system planning and research.
- There are opportunities to improve recording of homelessness (e.g., reducing variability in uptake of coding across provinces and territories).
- Nearly 30,000 hospitalizations in Canada included code Z59.0 Homelessness in 2022–2023.

84% increase in the recording of Z59.0 in 2018



MAP Centre for Urban Health Solutions

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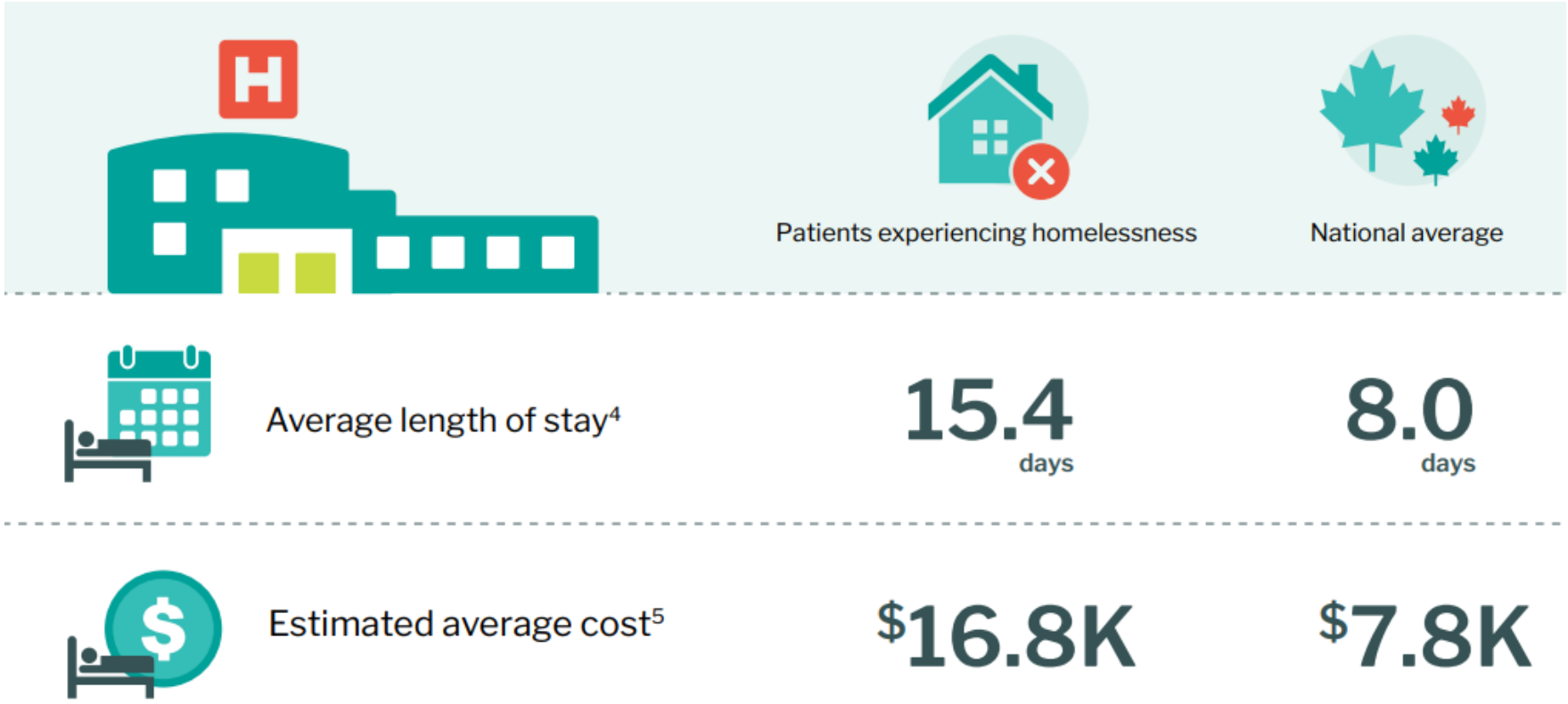
Patients experiencing homelessness stayed in hospital twice as long, with double the costs



Source

Hospital Morbidity Database, 2022—2023, Canadian Institute for Health Information.

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We need your input!

Participate in our Open Review for Version 2 of the Connected Care Standards including GSSO standards

September 24 to November 28

http://www.cihi.ca/en/connected-care

Email: connectedcare@cihi.ca

Thank you

For more information, visit

cihi.ca

connectedcare@cihi ca