**Final Criteria for Prioritizing Indicators**

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| Comparable | * *There are sufficient numbers for stable comparisons of occurrence across population sub-groups, jurisdictions or social strata.* |
| Actionable | * *It measures a health issue that is preventable.* * *It is amenable to change through policy, programs and/or services.* |
| Relevant | * *It is the most appropriate measurement for the outcome envisioned.* * *It is based on an underlying conceptual framework.* * *It is linked to access to health care, health outcomes, or performance measures for which a specific organization is accountable.* * *It reflects the Province and/or Health Authority’s strategic priorities and mandate.* |
| Based on Scientific Criteria (Accurate, Valid, Reliable) | * *There is significant precision in the measurement.* * *It is an objective statistical measure gathered through sound research techniques (valid).* * *There is evidence for its relationship with inequities in health.* * *It has been tested and validated to measure what it is intended to measure.* * *It avoids “reverse causation” resulting from health conditions such as those that cause lengthy periods of disability prior to hospitalization or subsequent death.* * *It provides consistent measures of both the general population, and members of diverse populations over time (reliable).* |
| Ethical | * *There are no unintended or negative consequences of the data.* |
| Sustainable | * *The data can be collected, analyzed, presented and interpreted by existing processes.* * *The data collection, analysis, presentation & interpretation can be done on an ongoing basis.* |
| Understandable | * *It has a clear and accepted interpretation that can be understood by decision-makers, the media, advocacy groups and the general public alike* |
| Available | * *It is measurable with meaningful, quality, and population-wide data, which are:*  1. *Available at least at the provincial level.* 2. *Available to be collected and interpreted in a timely manner.* 3. *Available to be measured over time* |

The Availability criterion was separated from the rest of the list. It was decided that while this criterion was very important in developing a suite of health equity indicators, there were significant issues related to its use. The first is that many members of the working group would not have enough information to apply this criterion to the indicators. The second issue is that if an indicator scores highly on everything else, but is not available, there is no capacity, at this point in the project, to develop the data infrastructure to report on this indicator. Therefore, it was decided that once a preliminary list was developed, using the seven criteria above, a small group with knowledge of data availability would then move indicators into one of two lists: those that had scored high and are available; and those that had scored high but are not available. The list of indicators not available will be set aside until such time that data infrastructure is available.