

Ontario Marginalization Index Survey of Users



Publication information

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Contact

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Background

The Ontario Marginalization Index (ON-Marg) is widely used to examine relationships between area based marginalization and health inequalities¹⁻⁴. ON-Marg was originally developed as a provincial-specific version of the Canadian Marginalization Index⁵, a national census-based, geographically derived index of social and economic marginalization. Since its creation in 2006, ON-Marg has been used extensively across Ontario in government, health care and public health organizations for research on health disparities, advocacy work, population health assessment and surveillance, and public health program planning and resource allocation.⁶⁻⁸ The index includes measures of four dimensions of marginalization: residential instability, material deprivation, ethnic concentration, and dependency.

Methods

In 2019, MAP Centre for Urban Health Solutions at St. Michael's Hospital, Unity Health Toronto, with input from Public Health Ontario, developed a survey to send to users of the Ontario Marginalization (ON-Marg) Index. We wanted to better understand who used the Index and reasons for use. The survey link was sent to a broad group of agencies such as the Association of Public Health Epidemiologists of Ontario and Ontario Health Toronto (formerly Toronto Central LHIN) as well as to academic partners and community agencies. In total, we sent the survey out to 12 agencies and specific users and asked that it be forwarded as appropriate. In addition, the survey was sent to the Ontario Community Health Profiles Partnership (OCHPP) subscriber list.

Findings

Thirty-four people completed the survey. Survey respondents represented 4 sectors. The majority were located in hospitals (32%), public health units (26%), and academic institutions (21%).

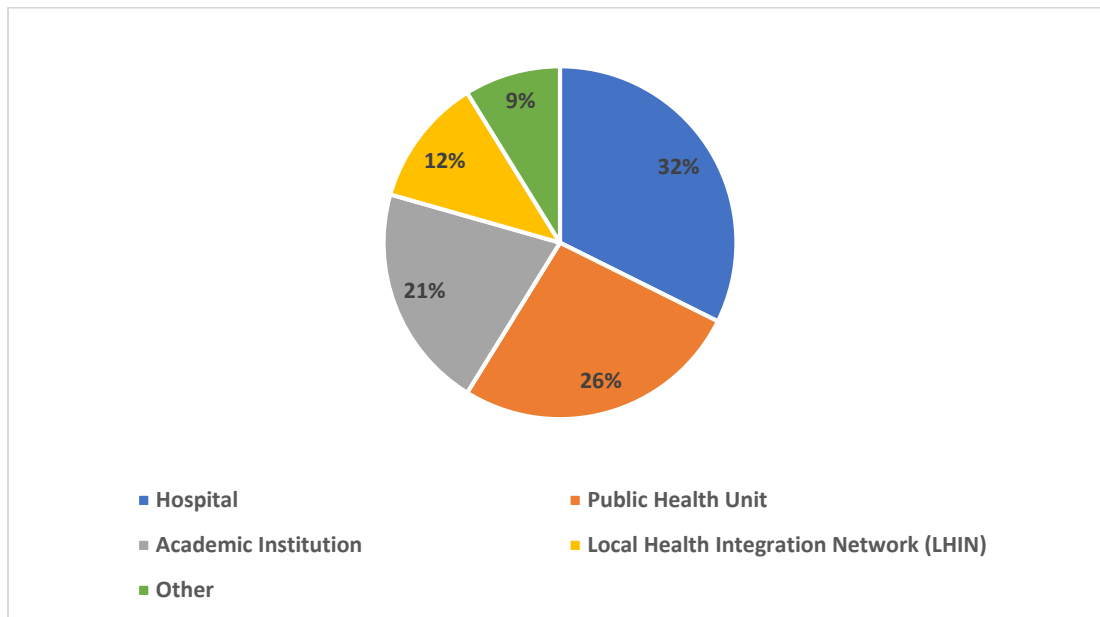


Figure 1. Sectors represented among study participants (n=34).

Respondents reported their role within their organizations (n=34). Most were epidemiologists/analysts (47%) and scientists/professors (26%).

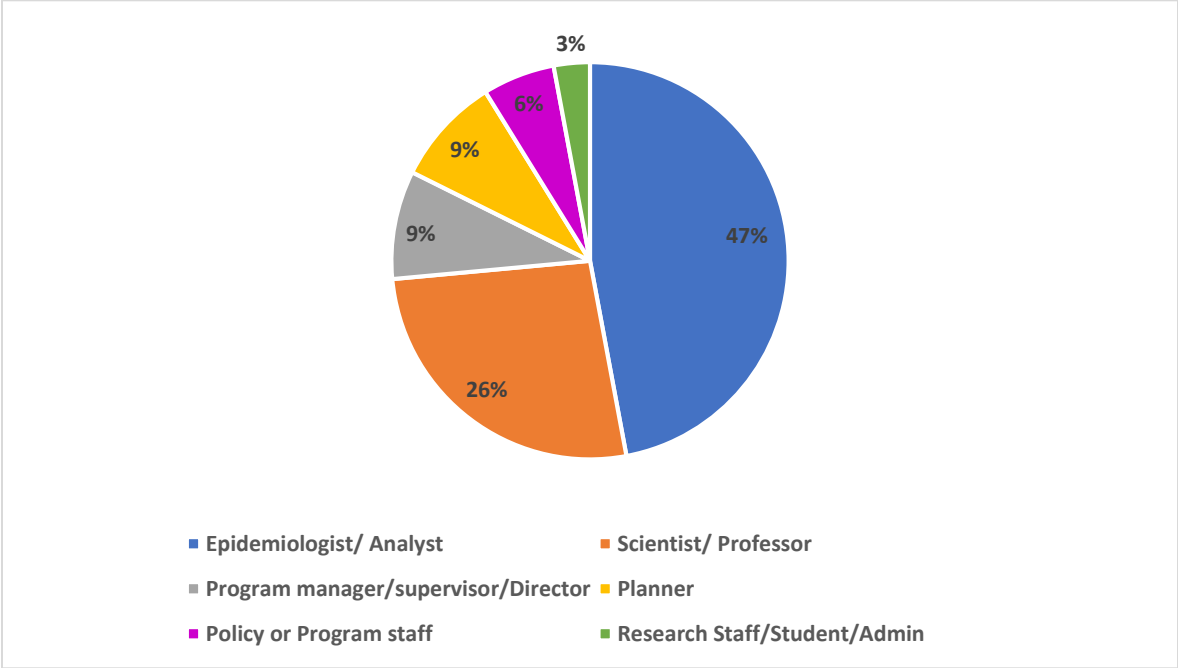


Figure 2. Organizational role of study participants (n=34).

Sixty-eight percent of the sample reported being an ON-Marg user. Of 24 responders, 92% of participants reported using ON-Marg 2016, 75% used ON-Marg 2011, 54% used ON-Marg 2006, and 29% used ON-Marg 2001.

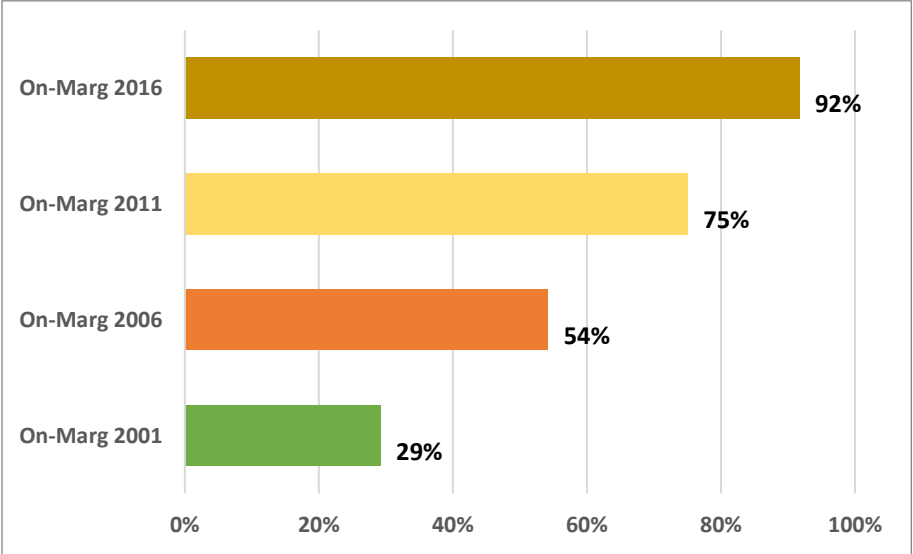


Figure 3. Proportion of participants reporting use of each version of the Ontario Marginalization Index (n=24)

The most commonly used geographic unit (n=25) was Dissemination Area following by Census Subdivision (8%).

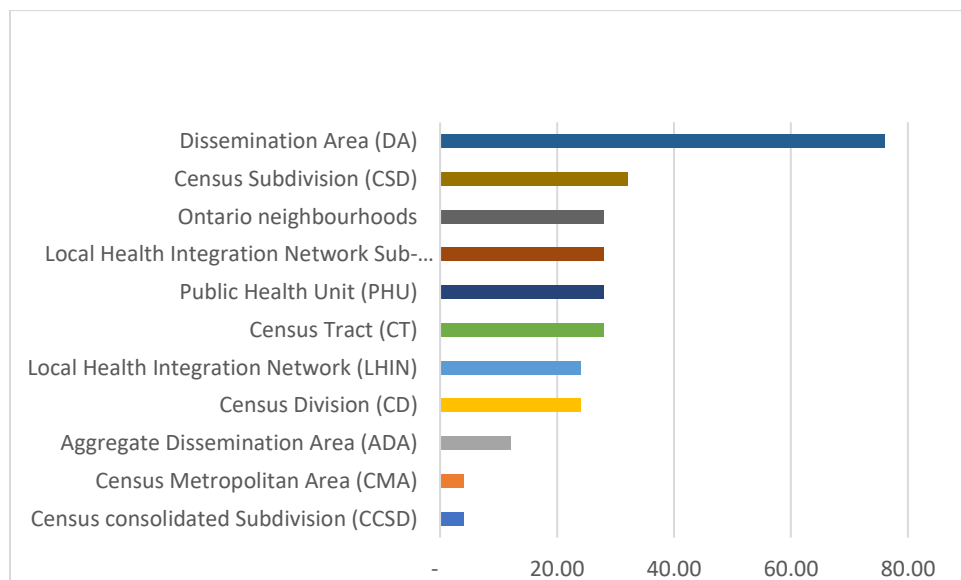


Figure 4. Level of geographic units used for Ontario Marginalization study participants (n=25).

Twenty-five participants responded to a question about how they used ON-Marg. The two most common responses were monitoring inequities (surveillance) and planning and needs assessment, followed by academic research, advocacy and resource allocation. We received two responses in the “other” category which indicated that ON-Marg was being used to populate a public-facing dashboard maintained by Nipissing-Parry Sound Health Unit and for population analysis by some newly established Ontario Health Teams.

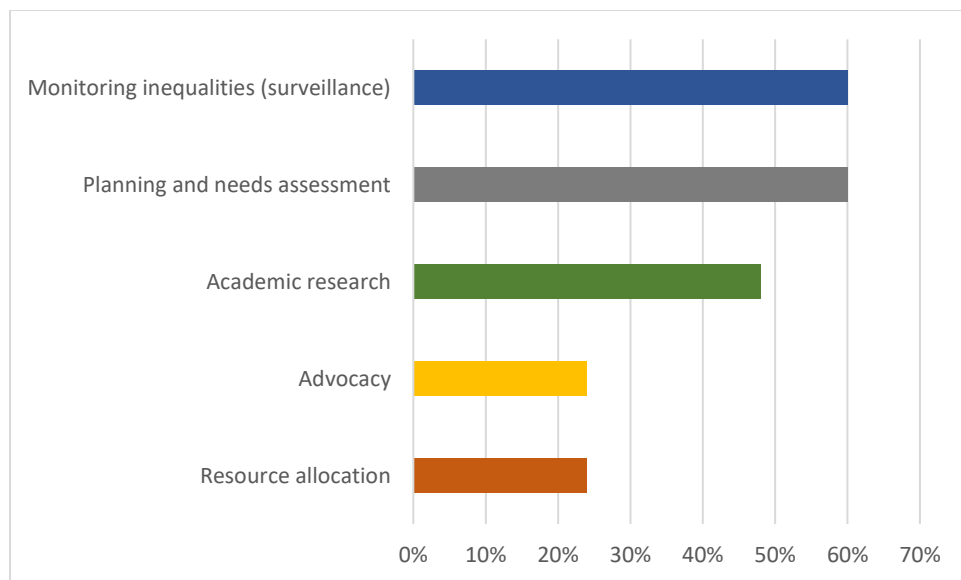


Figure 5. Reasons Respondents used the Ontario Marginalization Index (n=25).

In an open-ended question we asked what could be done to improve ON-Marg. We received 9 responses as noted in Table 1 below.

Table 1. Improving the Ontario Marginalization Index

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- I think ON-Marg will be more useful if it can cover all Ontario.
 - Examples on how the information can be best communicated in lay language, given its relatively complex definition. Summarizing patterns & trends within the province in lay language, within a short summary or other communication format.
 - deliver a presentation on ON-MARG (e.g., including how constructs were developed, data caveats, appropriate/inappropriate usage) for example through rounds or lunch & learn
 - Publicize its existence and uses
 - Honestly, the only thing I'd change is the length of the variable names!!
 - I can't think of anything right now, but it's been several months since I used ON-Marg
 - Case Studies, Using ON-MARG for "Priority Populations", Ranking geography over time
 - Customize the index for the City of Toronto, which has a large heterogeneous population. In Toronto, using "visible minority" as a proxy for marginalization when 52% of the pop is "visible minority", makes no sense.
 - It's great the way it is.
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References

1. Matheson F, Dunn J, Smith K, Moineddin R, Glazier R. Ontario Marginalization Index user guide. Toronto, Ontario: Centre for Research in Inner City Health, St Michael's Hospital., 2012.
2. Matheson F, van Ingen T. 2011 Ontario marginalization index: user guide. Toronto, Ontario: St. Michael's Hospital; Public Health Ontario, 2017.
3. Matheson FI, van Ingen T. 2016 Ontario marginalization index: user guide. Toronto, Ontario: St. Michael's Hospital and Public Health Ontario., 2018.
4. van Ingen T, Matheson FI. The 2011 and 2016 iterations of the Ontario Marginalization Index: updates, consistency and a cross-sectional study of health outcome associations. *Canadian Journal of Public Health* 2021; 1-12.
5. Matheson FI, Dunn JR, Smith KL, Moineddin R, Glazier RH. Development of the Canadian Marginalization Index: a new tool for the study of inequality. *Can J Public Health* 2012; **103**(8 Suppl 2): S12-6.
6. Lachaud J, Donnelly P, Henry D, et al. Characterising violent deaths of undetermined intent: a population-based study, 1999–2012. *Injury prevention* 2018; **24**(6): 424-30.
7. Peel. Health in Peel: Determinants and disparities. Region of Peel. <https://www.peelregion.ca/health/health-statusreport/>: Peel Public Health, 2011.
8. Simons E, Dell SD, Moineddin R, To T. Neighborhood material deprivation is associated with childhood asthma development: analysis of prospective administrative data. *Canadian respiratory journal* 2019; **2019**.