



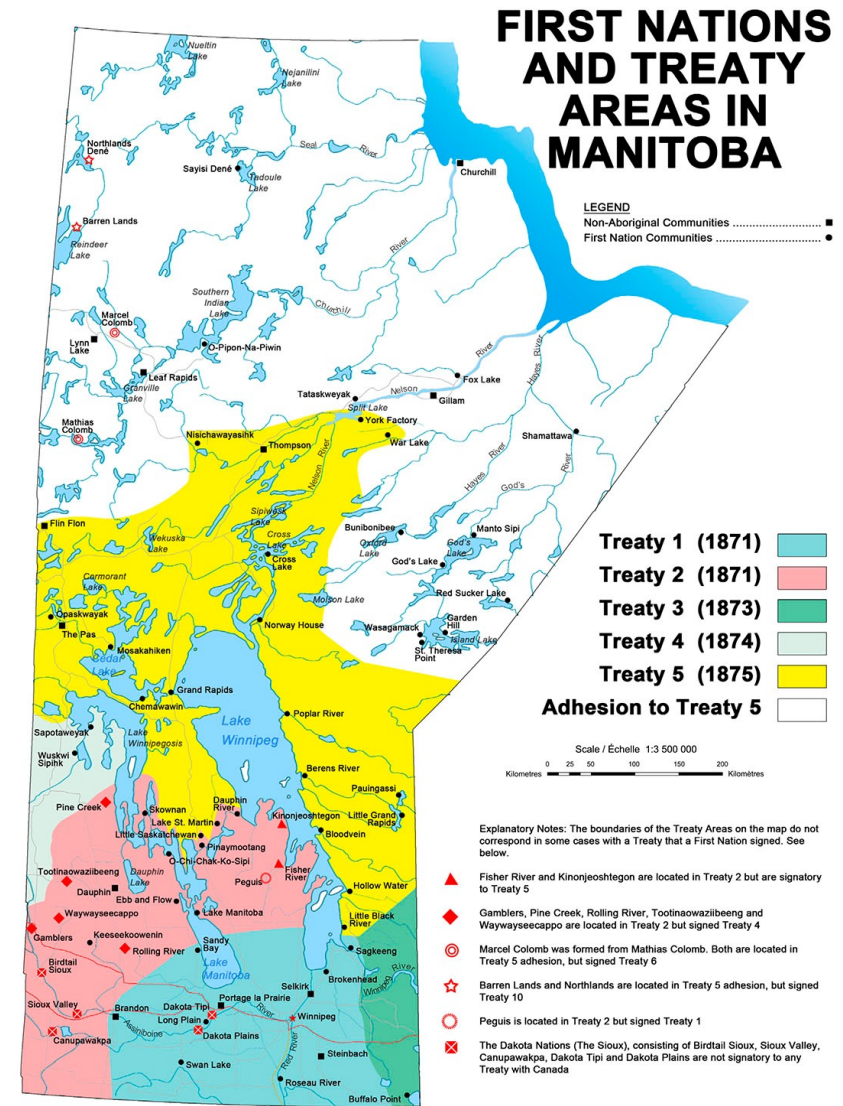
Sociodemographic Variable Collection

Systematic Review & Qualitative Evidence Synthesis


Land Acknowledgement

The University of Manitoba campuses are located on original lands of the Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene peoples, and on the homeland of the Métis Nation.

We respect the Treaties that were made on these territories, we acknowledge the harms and mistakes of the past and present, and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration.



Equity-relevant sociodemographic variable collection in emergency medicine: A systematic review, qualitative evidence synthesis, and recommendations for practice

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Background

- Understanding the distributions of patient sociodemographics is necessary to measure and mitigate inequities
- There is a lack of clarity on which variables are collected in EDs internationally
- There are no accepted guidelines or consensus on what should be collected or how

Search Strategy

- Population
 - Patients (any age), SDMs, HCWs, EM decision makers
- Intervention
 - Routine collection of sociodemographic variables as a part of the medical record by survey or direct interview
- Outcomes
 - Best practices/recommendations, benefits, harms, facilitators, barriers to routine collection

Inclusion / Exclusion

Inclusion

- Clinical trials, observational studies, guidelines, position statements, consensus reports, innovation reports

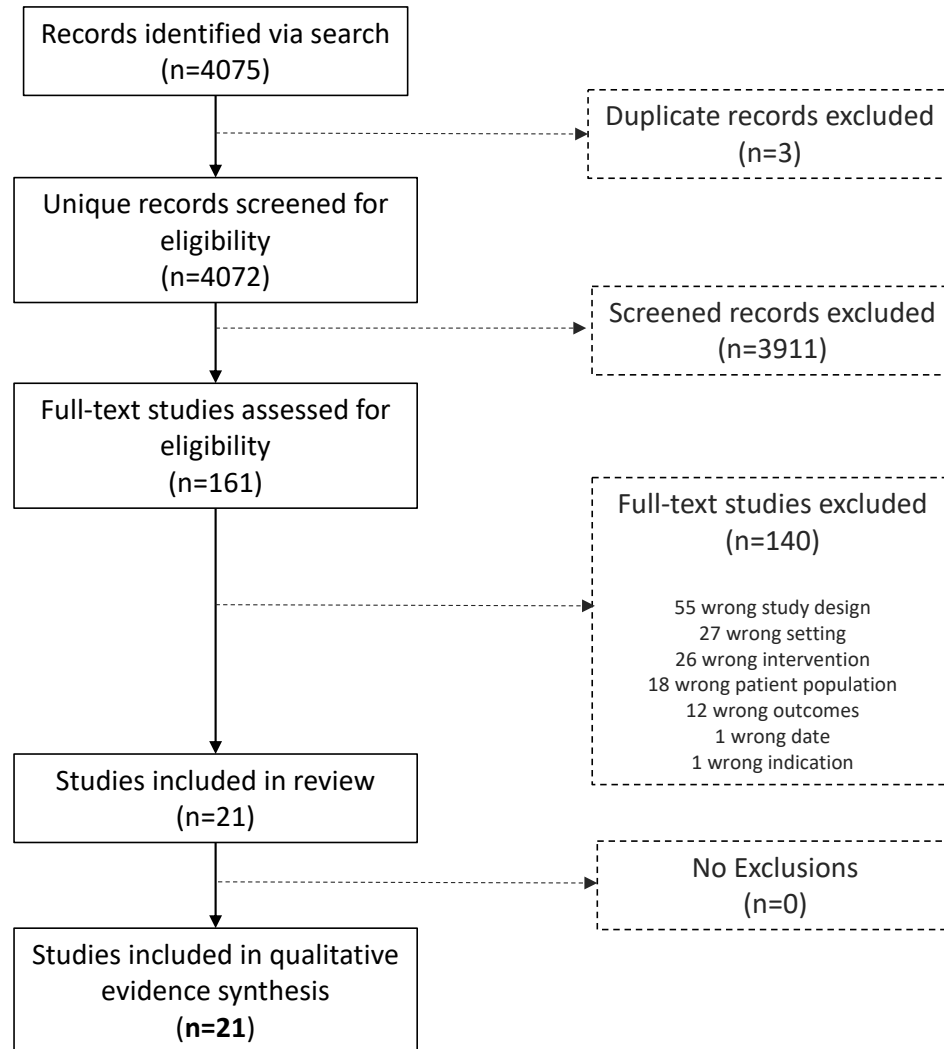
Exclusion

- Non-peer reviewed
- Non-English publications
- > 10 years old
- News articles
- Animal studies

Search Strategy

- Developed search strategy with an information specialist/health librarian
- Peer reviewed search strategy externally
- MEDLINE, CINAHL (Ebsco), Cochrane Central (OVID), EMBASE (Ovid), and Web of Science Core database
- Grey literature search using CADTH grey literature search tool

Findings



Qualitative Evidence Synthesis

Best-fit framework synthesis & inductive thematic analysis

- Deductive approach to start with an a priori structured framework to identify best-practices, benefits/harms, facilitators/benefits
- Paired inductive thematic analysis to identify any additional themes not included in the initial framework

Benefits

- Ability to quantify inequities
- Ability to design data-informed strategies to mitigate inequities
- Combat systemic invisibility/under-representation
- Reduce stigma through institutional recognition
- Normalization of the equity-deserving identity
- Acknowledge the individual's inherent value and lived experience
- Provide more holistic and individualized care by better understanding the patient
- Enhanced therapeutic relationships with patients and healthcare team

Harms

- Discrimination or stigmatization by HCWs from disclosure
- Discrimination or stigmatization by others from privacy violations
- Patient offense to the question
- HCW discomfort asking about sensitive information
- Worse clinical care due to conscious or unconscious biases
- Exploitation of minority patients for teaching
- Unnecessary questions, testing or examination

Barriers

Domain	Synthesized Barrier
Patient	Fear of stigmatization, discrimination, or negative consequences of disclosure
	Lack of perceived benefits of disclosure/collection
	Non-inclusive environment
	Inadequate privacy
	Non-inclusive/negative interactions with HCWs
	Current processes would need active modification
	Ownership and control of personal health information data
	Select demographics
HCW	Lack of HCW training in collection / cultural dexterity
	Lack of perceived benefits of disclosure/collection
	Current processes would need active modification
	Patient offense to the question
	Perception that patients would refuse to disclose if asked
System	No governmental or health system mandate to collect
	Liability concerns due to privacy

Facilitators

Domain	Synthesized Facilitator
Patient	Physical environment
	Standardized, universal collection
	Non-verbal collection methods / Privacy for disclosure
	Understanding of benefits of disclosure/collection
	Ownership and control of health information
	Inclusive HCW interactions
	Cultural sensitivity/dexterity training for HCWs
	Assurance of safety
	A population-specific advocate position/service
	Perceptions of community acceptance beyond the hospital
	Select demographics
HCW	Training in variable collection/cultural dexterity
	Understanding of benefits of disclosure/collection
	Non-verbal collection methods/Privacy for disclosure
	Standardized collection
	Integrate new process into current practices
	Health information privacy regulations
System	Community awareness campaigns
	Institutional protections against discrimination

Recommendations

- 1. Use non-verbal collection methods for disclosure of sociodemographic variables.**
- 2. Provide private spaces for information sharing irrespective of whether disclosure is non-verbal or verbal.**
- 3. Structure sociodemographic variable collection questions to facilitate self-identification.**
- 4. Structure data systems to incorporate ownership and control of personal health data.**
- 5. Develop standardized explanatory scripts to introduce sociodemographic variable collection that include the following:**
 - A plain language explanatory statement that explains that these questions are asked of all patients (aka universal screening)
 - Explanation of why this information is being collected (to quantify and mitigate inequities) and how it will be used
 - Clear explanation of the voluntary nature of participating and an explanation that the choice to disclose this information will not negatively impact patient care
- 6. Make equity, diversity and inclusion HCW training mandatory and supported via institutional policies.**
- 7. Engineer processes that obviate the need for repetitive disclosure.**

Recommendations

- 8. Give patients the opportunity to review/modify any retained sociodemographic information from previous visits or linked health records.**
- 9. Enhance inclusivity through physical environments.**
- 10. Develop population-specific support services.**
- 11. Create or revise and update existing institutional protections against discrimination.**
- 12. Implement reporting structures for patients.**
- 13. Facilitate engagement and measure institutional outcomes**
- 14. Acknowledge harms for equity-deserving populations and partner with them to reform structural inequities**

Next Steps

- Pan-Canadian data scan of equity-stratifier collection to establish what is currently collected, by whom and how
- Educational intervention with EM-specific training for enhanced sociodemographic variable collection
- National position statement on a minimum- and enhanced-sociodemographic variable data collection data set for Canadian EDs

Discussion