

Social Determinants of Health Working Group



Canada Health Infoway

Monthly Wednesday Zoom Meeting
October 6th, 2021 at 9am PT / 12pm ET

Co-facilitators:

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Columbia

Administrative Support:

Kareen Hall, MPH, CPHIMS, FACHE,
University of Victoria

Acknowledgement

We respectfully acknowledge that the land on which we are hosting this meeting – the land that sustains us – includes the ancestral territories of many First Peoples. Canada Health Infoway recognizes the colonial injustices, many of which continue today and continue to affect the health and well-being of Indigenous people. With the working group dedicated to addressing the social determinants of health it brings to light the importance of engaging in anti-colonial actions to address the historical and ongoing inequities experienced by Indigenous communities. We invite all attendees to reflect on the privilege they have of living, working and playing in the territory from which you are joining this call, and to come with an open heart and an open mind in forging culturally safe spaces and relationships.



Agenda

1. Land acknowledgment and introduction
2. SDOH & Intersectionality Theory of International Human Rights Law
3. Use cases of complex identity
4. Reminder of our WG focus to think through principles for SDOH use using intersectional lens
5. Upcoming meetings



GROUND RULES FOR DIALOGUE



	Express disagreement with ideas not personalities
	Share airtime
	Stay on topic—connect to what others have said
	Understand & learn from each other

	We are all equal. Leave rank at the door
	Listen respectfully especially when you disagree. Acknowledge you have heard the others
	Look for common ground
	Identify & test assumptions

change.foundation.ca

Please mute your microphone, use chat to raise ideas.



Social Determinants of Health (SDOH) framework

SOCIAL
STRUCTURE
(MACRO)

**e.g. Social exclusion
/ Systems of
oppression due to:**

- Sex
- Sexual orientation
- Race / Ethnicity
- Birth order
- Immigration status
- Age
- Geographic location



ACCESS TO KEY
RESOURCES
(MESO)

Employment
Education
Childcare
Safe neighborhoods
Health services
Digital technology



PROXIMAL
(MICRO)

Smoking
Diet & alcohol
Exercise
Sleep
Sitting



MORBIDITY
and/or
MORTALITY

Heart
Disease
Diabetes
Obesity
Depression
Etc, etc.

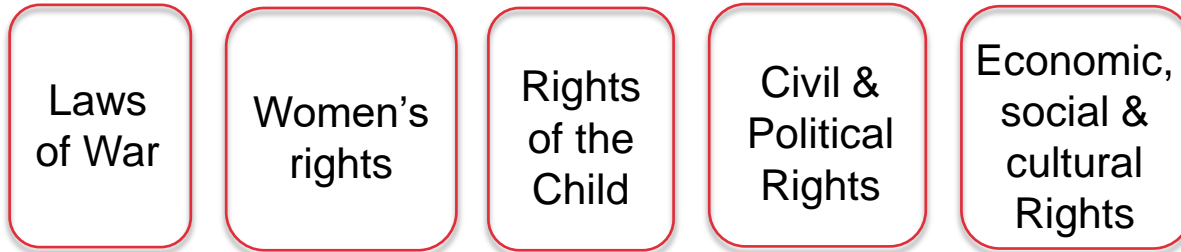
Discrimination is prohibited in law

- Action or inaction that denies members of a particular social group access to goods, resources and services
- BC law prohibits discrimination on the basis of:
 - Race*
 - Ancestry
 - Place of origin
 - Religion
 - Family status
 - Marital status
 - Physical disability
 - Mental disability
 - Sex
 - Age
 - Sexual orientation
 - Political belief
 - Conviction of a criminal or summary conviction offence unrelated to employment

****race is a socially constructed way to categorise a group of people who share physical traits (skin tone, hair texture, facial features)***

Human Rights protects single-issue discrimination

- E.g. use of girls as soldiers for sexual and domestic purposes in Sierra Leone
 - Health harms to girl children are unique and composite, not additive
- But Int'l Treaties to protect Human Rights are singular and generic



Intersectionality Theory

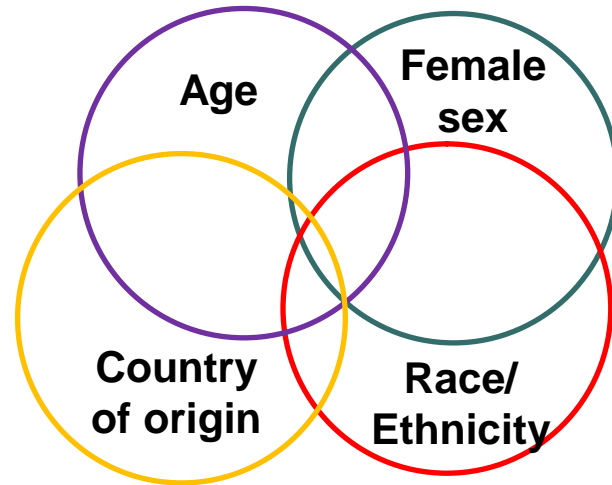
- The idea of intersectionality was first introduced by North American 'critical race theory' scholars **to relate feminist analysis to the experience of race** (Crenshaw 1991; 1998).
 - Marginalised women have substantively distinctive experiences than women who belong to members of culturally dominant group because they occupy multiple social identities with overlapping, interdependent systems of discrimination
- Identified a need for law to account for multiple forms of discrimination → Intersectional Rights-based Approach to Legal Theory (aka Jurisprudence)

Crenshaw K (1991) 'Mapping the margins: intersectionality, identity politics and violence against women of color' 43 *Stanford Law Review* pp 1241-79

Crenshaw K (1998) 'Demarginalizing the intersection of race and sex: a black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics' 139 *University of Chicago Legal Forum* pp 139-67

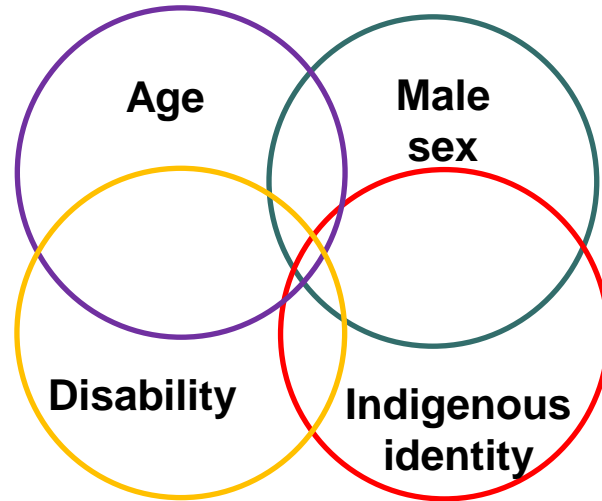
Use cases

- E.g. Filipina grandmother who works in Ontario as a domestic worker
 - Oppression & discrimination based on sex, age, migrant status and race/ethnicity



Use cases

- E.g. teenage boy with hearing impairment from a Coast Salish community
 - Oppression & discrimination based on age, maleness, Indigenous identity and disability



Our focus: intersection of 3 SDOH

1. Access to healthcare services
2. Ethnicity / cultural background / racialized groups (i.e. racism)
3. Material circumstances

Value sets for material circumstances in SPARK study

- Do you have difficulty making ends meet at the end of the month? (y/n)
- In the last 12 months, did you not fill a prescription or do anything to make a prescription last longer *because of the cost*? (y/n/na)
- What is your current housing? (own / rent/ friends / shelter / other)
- In the past 12 months, did you miss making a payment on your electric, gas or other utilities bills? (y/n)
- Does your pay vary a lot from month to month? (y/n)

Value sets identified by Gravity project (SNOMED CT)

Material Hardship	Proposed	Current
Unable to obtain phone / internet due to limited financial resources	X	
Unable to obtain heat / cooling due to limited financial resources	X	
Unable to obtain electricity due to limited financial resources	X	
Unable to obtain adequate clothing due to limited financial resources	X	
Unable to obtain food due to limited financial resources	X	
Unable to obtain medicine (Rx) due to limited financial resources		X
Unable to obtain medical supplies due to limited financial resources		X
Unable to obtain health care (e.g. dental) due to limited financial resources		X
Unable to obtain childcare when needed to work or study	X	
Unable to obtain the things you need due to limited financial resources	x	

Value sets for access to healthcare services

- Geographic Location (urban, rural, small rural, remote)
- Language (**SPARK study**)
- Country of origin / immigration status (**SPARK study**)
- Transportation insecurity (**GRAVITY + SPARK study**)
- Cultural safety
- Technology/ Infrastructure
- Disability – physical & mental (SPARK)

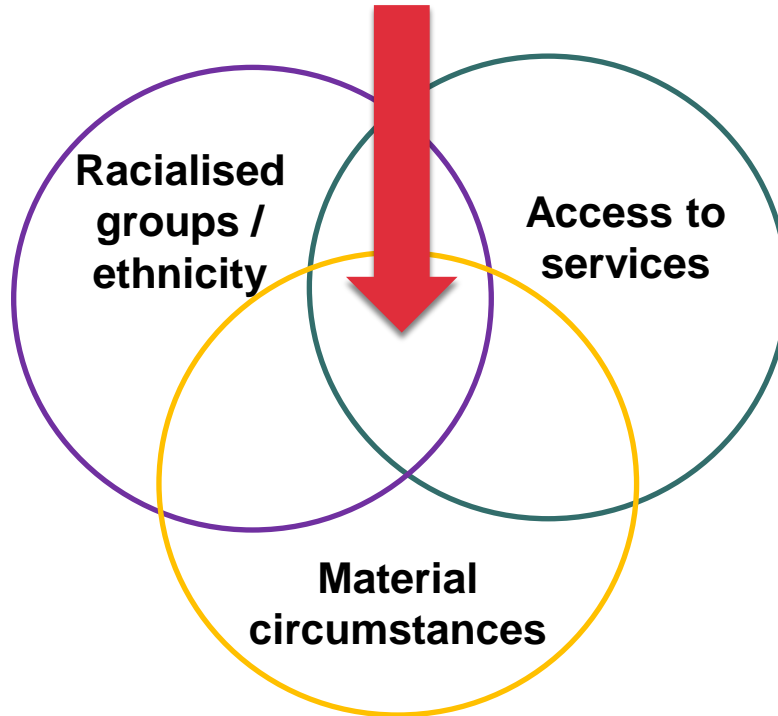
Value sets for ethnicity / cultural background (i.e. racism)

- Feelings or experiences of discrimination – how often does the following happen to you when use healthcare services?
 - I am treated with the same courtesy and respect as other people
 - I receive poorer service than other people (e.g. ignored, people don't hear what I say)
 - Health staff act as if they think I am dishonest
 - Health staff understand and appreciate my [Indigenous] culture and traditions
 - I am insulted or harassed
 - I am treated as if I am stupid or can't understand
 - Health staff acknowledge that I care about my health and include me in my health decisions
 - Health staff act as if they think I am drunk or I am asked about substance use
 - Health staff around me stare, whisper or point

Value sets for ethnicity / cultural background (i.e. racism)

- Feelings or experiences of discrimination – how often have the following happened to you when use healthcare services?
 - I was properly diagnosed
 - I was given medication, including for pain, when I needed it or asked for it
 - I waited the same length of time as other people to be seen by a provider, when it seemed I had the same need for health care
 - I received a proper referral
 - My discharge process from the hospital was complete (e.g. I got a follow-up plan, home care, etc)
 - I felt like my needs and concerns were taken seriously (I received the care I needed in the ER)
 - My health providers agreed that I could practice traditional medicine
 - I feel safe to speak up when I believe I am being treated inappropriately by healthcare staff
 - [People from my background] Indigenous people trust health care providers

Goal: create SDOH standards from an intersectional lens



Upcoming Meetings

- November 3rd, Dr. Charlotte Loppie, Centre for Indigenous Research and Community-Led Engagement, University of Victoria, Strength-based Approach
- December 1st, TBC
- January 5th, Dr. Francis Lau, University of Victoria, School of Health Information Science, Standards for SDOH

Links

- In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care

<https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf>

- The Gravity Project

<https://confluence.hl7.org/display/GRAV/The+Gravity+Project>

- The Upstream Lab <https://upstreamlab.org/>

Thank you!
Please join us for our
next meeting on
November 3rd.

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- Annalijn Conklin PhD, MPH aconklin@mail.ubc.ca
- Kareen Hall, MPH, CPHIMS, FACHE kareenhall@uvic.ca