

Infoway Social Determinants of Health Working Group

July 7, 2021

Focus of the meeting was to develop priority areas for the working group for the upcoming year. We looked at the Gravity Project as a possible example, and asked what is of interest and what is feasible for the group for the upcoming year. The notes include provides the ideas that were mentioned in our first meeting on June 2nd, 2021.

1. Resources from the Gravity Project

a. Use cases

- i. Review Gravity Project use cases with a Canadian lens, see if we can adopt, adapt or create or own.
- ii. Introduce what use cases would be and then how we could use these to understand data at the system at different jurisdictions.

b. Domains

- i. Understand current practices (data collection tools, definitions, standards etc.).
- ii. Domains that are already developed by Gravity would be a good foundation.
- iii. Confirm our foundations of domains could be a first step and create a minimum SDOH value set.
- iv. If we adopt a domain we can learn from experiences by the US.
- v. Reach out to the community to see what would be a good domain to focus on.

2. How to make this feasible for the coming year

a. Inter-sectoral collaborations

- i. Look at implementation challenges, practice challenges, use the mechanism of the SDOH WG so that we can communicate.
- ii. What are some potential existing relationships to help leverage and move this work along in Canada.
- iii. Leverage and adapt existing content (i.e. codes), and work with National Library of Medicine (NLM) to promote US content to International.
- iv. Work with New Brunswick, Quebec for translations and put them in international edition.
- v. Leverage LOINC/ pCLOCD to ensure we have correct units.
- vi. Work with CIHI for ICD-10-CA/CM? Next update? ICD-11?

b. International

- i. Guiding principles: leverage international content first, and where possible work toward global comparators.
- ii. Would need a very special reason not to use International (i.e. G7 International Patient Summary).
- iii. Align code systems; keep the focus on people; align internationally.

3. Additional considerations

a. Indigenous perspective

- i. Very important to bring in an Indigenous perspective that involves working with communities. Working with communities will require resources that the working group may not have yet. Can look to OCAP (Ownership, Control, Access and Possession) as a guide for the working group.

b. Implementation and Guiding Principles

- i. To identify the areas that may be more sensitive. On more sensitive areas why it is being collected and why it would be useful.
- ii. Would be helpful to look at feasibility of poverty screening tool in acute care settings to align with current provincial initiatives.
- iii. Define the levels (e.g. primary care, community care, other?).
- iv. Need to think about government agencies and where their policies are coming from, and the impact of these policies.
- v. Determine what data are being collected in the community now (e.g. best practice).
- vi. Build trust between the medical and marginalized communities.
- vii. Data justice by addressing structural/institutional/algorithmic bias.

c. Other possible areas

- i. Shelter could be another option for a domain.
- ii. Intersectional analytics: In SDOH a lot of overlapping aspects - e.g. food security and income -- how to look at them so that they are not in isolation.
- iii. Identifying the gaps in terms of what is being collected.