Social Determinants of Health Working Group

Canada Health Infoway

Monthly Wednesday Zoom Meeting
November 3, 2021 at 9am PT / 12pm ET

Marcy Antonio, PhD, MPH
University of Michigan

Annalijn Conklin PhD, MPH
University of British Columbia

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.

©2021 Canada Health Infoway

Agenda

1. Land acknowledgment and introduction
2. Strength-based approach, Dr. Charlotte Loppie
3. Review of initial scan of racism, discrimination and anti-racism resources
4. Exploration of two questions from the In Plain Sight Report

©2021 Canada Health Infoway

Please mute your microphone, use chat to raise ideas.
We will be the recording the discussion session.

Purpose of Infoway SDOH Group

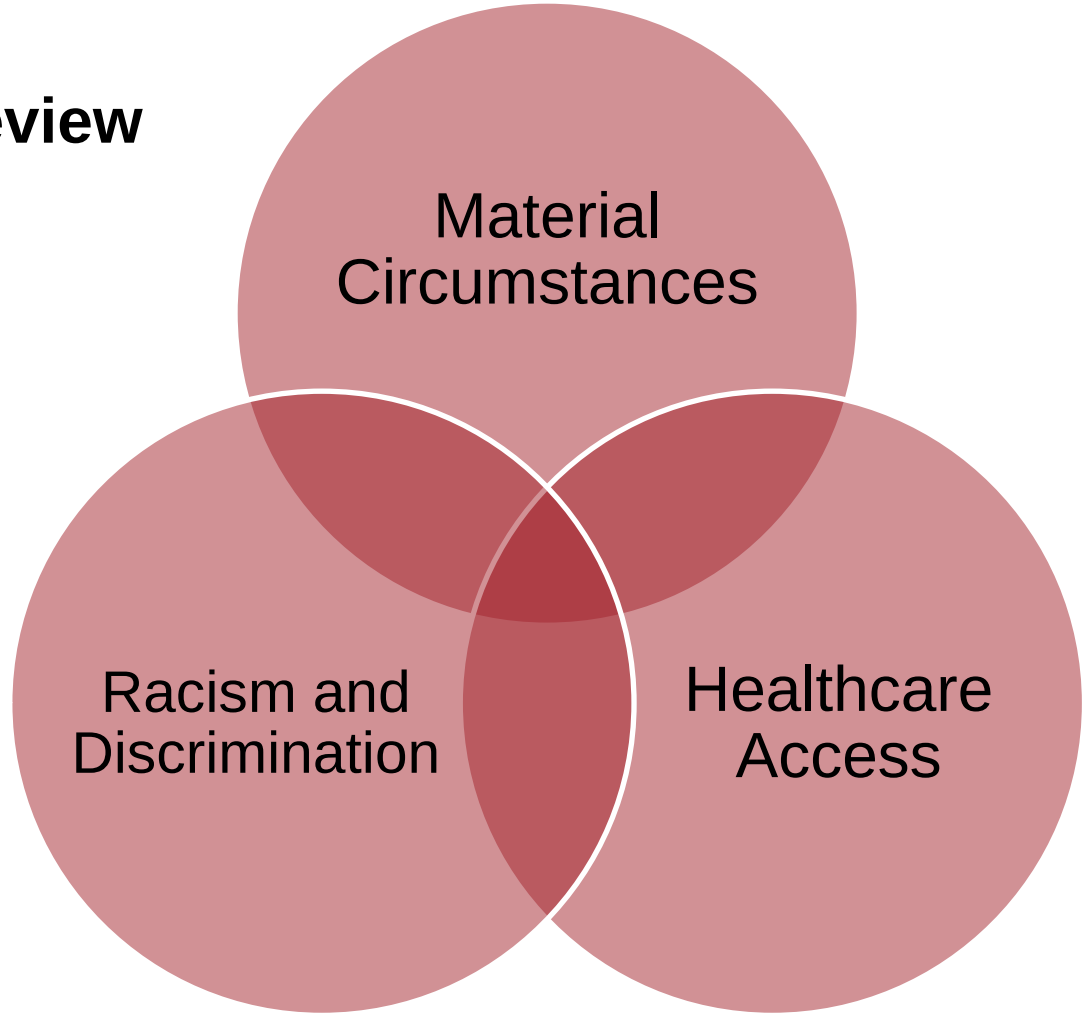
SDOH Working Group meeting every first Wednesday of the month.

Explore how to incorporate social determinants of health (SDOH) concepts into digital health systems. In this working group we will apply a strengths-based approach:

- Identifying the ways to collect and use SDOH data;
- Matching actions to target inequities and measuring the impact of these actions; and
- Ensuring appropriate and safe collection, storage and use of SDOH data.

©2021 Canada Health Infoway

Review



How this relates to the Gravity Project?

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

© Antonio & Conklin 2021

Initial Scan

Resources	Focus	Link
Data Standards for the Identification and Monitoring of Systemic Racism Ontario	Indigenous identity Race and ethnicity Spiritual affiliation	https://www.ontario.ca/document/data-standards-identification-and-monitoring-systemic-racism/collection-personal-information
CIHI: Proposed standards for race-based and Indigenous identity data (Canada-wide)	Indigenous identity Race and ethnicity	https://www.cihi.ca/sites/default/files/document/proposed-standard-for-race-based-data-en.pdf
SPARK Study and Upstream Lab	Indigenous identity Race and ethnicity	https://upstreamlab.org/2020/04/15/data-on-race-covid19/

Discussion

1. Do you know of local organizations who are focused on racism and discrimination measures? Where should we look?
2. What organizations should we reach out to for letting them know about this work?

Strength-based →

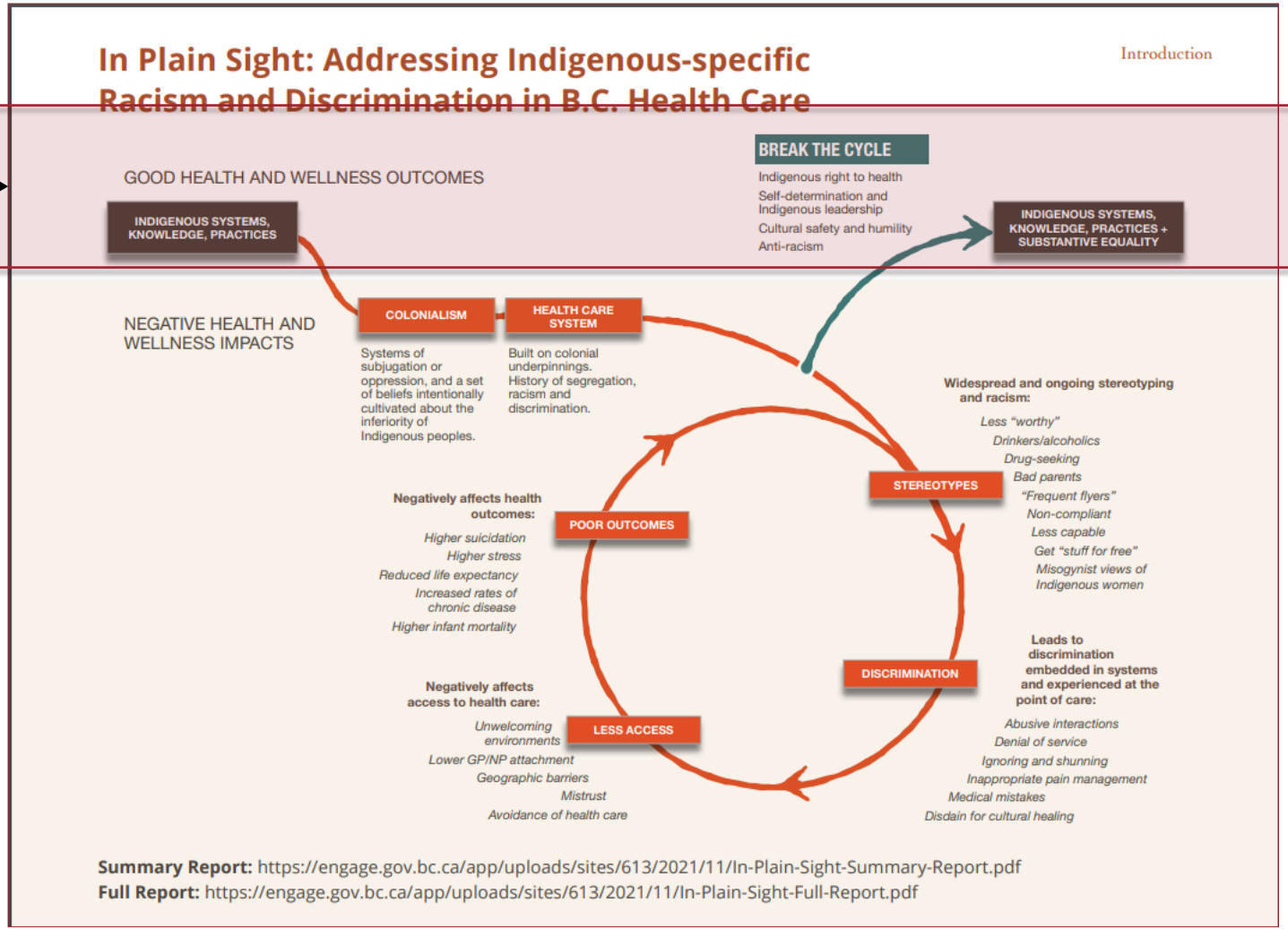


Image source: In Plain Sight Report, 2021

© Antonio & Conklin 2021

Racism, Discrimination and Anti-racism

Source: In Plain Sight Report, 2021

Providers/Staff:

Please review the statements below, and if applicable to the racism or discrimination you witnessed against patients, please indicate how often these were observed by you:

1. The patient was ignored or made to wait longer than necessary
2. Health workers made disrespectful, disparaging, or joking comments about the patient's cultural or racial identity
3. Incorrect assumptions were made about the patient
4. The patient was denied needed medication
5. The patient's or guardian's history inappropriately influenced health provider decisions on referrals and care
6. The patient request to utilize traditional medicine was dismissed or ignored
7. The patient's need for cultural protocols (such as surrounding death or birth) was denied
8. The patient was discharged without proper support
9. The patient was discharged without consideration of the living situation that the patient was returning to
10. The patient was discharged prematurely

Response options: Regularly; Occasionally; Rarely; Never; Not Applicable

Patients:

In the past, when you used health care services (e.g., seeing a doctor or nurse, going to the hospital, having an x-ray or blood test taken, using emergency services, etc.), how often have the following things happened to you:

1. I waited the same length of time as other people to be seen by a doctor or other health care provider, when it seemed I had the same need for health care
2. I felt like my needs and concerns were taken seriously (e.g., I received the care I needed in the emergency room, etc.)
3. I was given medication, including for pain, when I needed it or asked for it
4. I was properly diagnosed
5. My health providers agreed that I could practice traditional medicine
6. I received a proper referral (e.g., to another doctor, a specialist, program or service)
7. My discharge process from the hospital was complete (e.g., I was given a follow up plan, I received home care services, etc.)
8. Overall, I received great care

Response options: Always; Sometimes; Rarely; Never; No opinion

Discussion

1. How to use patient **and staff** level measures?
2. How should we approach the domain focused on racism, discrimination and anti-racism?
   - Should we separate out these concepts?
   - Keep them as a whole?
   - Focus on one?
   - Start with one and return to the others?

Thank you!
Please join us for our next meeting on December 1, 2021.

- Marcy Antonio, PhD, MPH marcyant@umich.edu
- Annalijn Conklin PhD, MPH aconklin@mail.ubc.ca
- Kareen Hall, MPH, CPHIMS, FACHE kareenhall@uvic.ca