

Infoway Social Determinants of Health Working Group

November 3rd, 2021

Presentation by Dr. Charlotte Loppie, guest speaker, who has been conducting Indigenous research for more than 25 years. Presented on Social Determinants of Indigenous People's Health from a Nurturing Wellness perspective and strengths-based approach.

Working Group Discussion:

Reviewed the three core areas that the group will be focusing on: material circumstances, racism and discrimination and healthcare access.

Marcy has connected with Dr. Sarah DeSilvey to see how to bring the work of our group to the Gravity Project. The use cases provided and excel tracking documents created by Gravity are a good starting point.

At our next meeting we will be using the excel tracking documents to sort the domains and questions in the Canadian tools found on racism and discrimination. Gravity has racism and discrimination and healthcare access as domains to look in late 2022.

A summary of the different resources of Canadian tools on racism and discrimination was presented and the group was asked for other possible tools.

Our list to-date are as follows:

- Upstream Lab / SPARK Tool
- Discrimination Index
- Statistics Canada 2013 Community Health Survey
- Wellesley Institute's Study on Racism and Discrimination
- CIHI Proposed Race-base Standards
- Ontario's Data standards for the identification and monitoring of systemic racism
- In Plain-Sight Report

Others mentioned by the group:

- TAIBU Community Health Care Centre
- Black Alliance Health
- Centre for Race and Culture
- Resilience BC – Anti-racism network
- National Collaborating Centre on Health Equity
- Canadian Race Relations Foundation
- Accreditation Canadian CADTH

Reviewed the two surveys in the 'In Plain Sight Report: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care'. One of the surveys is focused on the providers'

perspectives and experiences with racism. The patient survey has questions which provide examples of anti-racism and a strengths-based approach.

- The topic of logistics of data collection was raised: the most contextual data in the healthcare process come from intake assessments, such as tertiary referral. There are also crisis assessments.
- People don't walk in brand new all the time; they walk in with history. The importance of understanding this longitudinal history. The social determinants of health serve to recognize this history and the unique context and experiences that each person brings.
- Should our focus also include providers/staff, or only patients?
 - Provider and staff make observations of patients. Their perceptions are filtered through all different types of beliefs and expectations. Cultural safety is achieved when the people who are accessing the services say that it was safe (and not the providers).
 - It was noted that there is a lot of research out there on the patient experience measurements and that there could be some synergy. Even with staff, organizations must conduct provider-type surveys. At the practical level, there might be opportunities to leverage these surveys.

Next Meeting: December 1, 2021

- We will look at all the different documents and work on value sets from what we map out.