POPLAR

PRIMARY CARE ONTARIO PRACTICE-BASED LEARNING
AND RESEARCH NETWORK

POPLAR NETWORK LUNCH 'N' LEARN WEBINARS
EDIIA IN RESEARCH

Part 4:

Using Data to Advance EDIIA

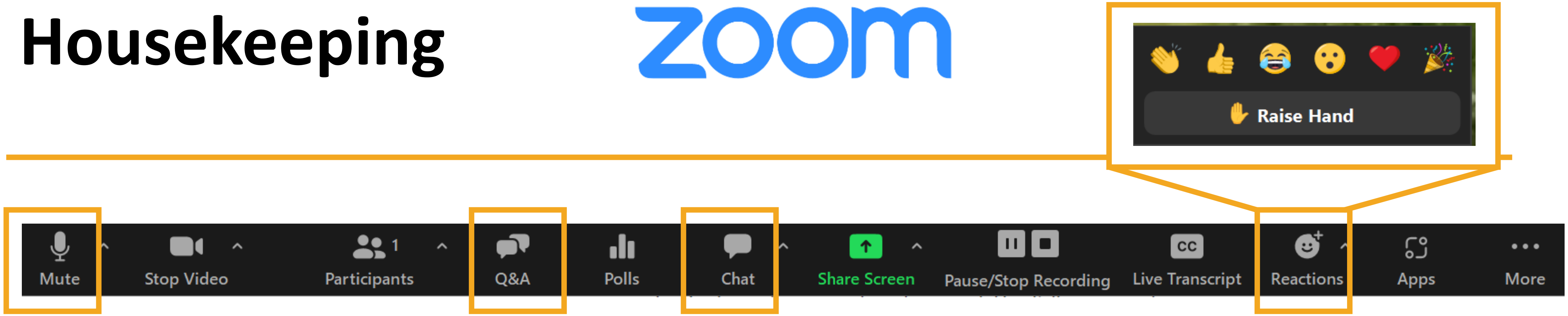
Alliance for Healthier Communities
Advancing Health Equity in Ontario

Welcome & Introduction

- Housekeeping
- Land Acknowledgement
- Speaker Introduction
- Building Capacity for using Data to Advance EDIIA in Practice
- Q&A / Discussion

Housekeeping

zoom



- Microphones are muted by default.
- You may enter questions through the Q&A panel at any time.
- Please use the “chat” function for technical assistance.
- During the Q&A period, you may use the “raise hand” function (under “reactions”), and we’ll unmute you when we call on you.

Acknowledgement of Traditional Indigenous Territories

We recognize that the work of the Alliance for Healthier Communities, our members, and the POPLAR Network takes place across what is now called Ontario, on traditional territories of Indigenous people. They have lived here since time immemorial and have deep connections to these lands. We further acknowledge that Ontario is covered by 46 treaties, agreements and land purchases, as well as unceded territories. We are grateful for the opportunity to live, meet and work on this territory.

Ontario continues to be home to vibrant, diverse Indigenous communities who have distinct and specific histories, needs, and assets as well as constitutionally protected and treaty rights. We honour this diversity and respect the knowledge, leadership and governance frameworks within Indigenous communities. In recognition of this, we commit to building allyship relationships with First Nation, Inuit and Métis peoples in order to enhance our knowledge and appreciation of the many histories and voices within Ontario. We also commit to sharing and upholding our responsibilities to all who now live on these lands, the land itself, and the resources that make our lives possible.

Introduction

Dr. Andrew Pinto (he/him)

Founder and director, Upstream Lab
Family Physician, St. Michael's Hospital
Associate Professor, University of Toronto

Equity, Diversity, Indigeneity, Inclusion, Accessibility (EDIIA) and Data

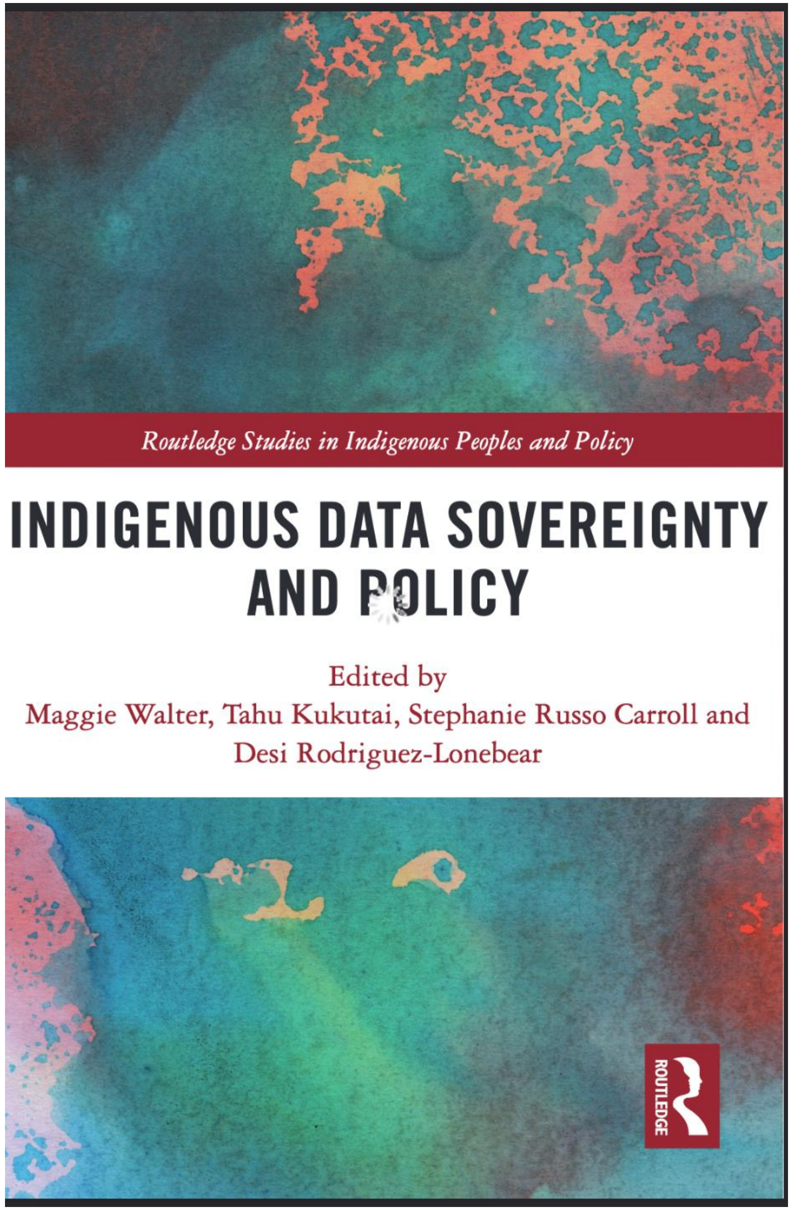
POPLAR EDIIA Webinar Series

October 19, 2022

Andrew Pinto MD CCFP FRCPC MSc

Upstream Lab, MAP/Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, Unity Health Toronto
Department of Family and Community Medicine, Fac. of Medicine, University of Toronto
Department of Family and Community Medicine, St. Michael's Hospital
Dalla Lana School of Public, University of Toronto

UPSTREAMLAB MAP Centre for Urban Health Solutions ST. MICHAEL'S UNITY HEALTH TORONTO UNIVERSITY OF TORONTO



Routledge Studies in Indigenous Peoples and Policy

INDIGENOUS DATA SOVEREIGNTY
AND POLICY

Edited by
Maggie Walter, Tahu Kukutai, Stephanie Russo Carroll and
Desi Rodriguez-Lonebear

Disclosures

Relationships with commercial interests:

Research Support: **None from for-profit/commercial entities**.

Canadian Institutes for Health Research; Ontario government, including the Ministry of Health and Long-Term Care; TD Financial Literacy Grant Fund, administered by Prosper Canada; PSI Foundation; Legal Aid Ontario; Maytree Foundation; Atkinson Foundation; Metcalf Foundation; Healthier Cities and Communities Hub, DLSPH, University of Toronto; Toronto Central LHIN; St. Michael's Hospital Foundation; Gambling Research Exchange Ontario; Institute for Global Health Equity and Innovation, DLSPH, University of Toronto; Ontario SPOR Support Unit; Newfoundland Health Accord (Memorial University)

Speakers Bureau/Honoraria: **None from for-profit/commercial entities.**

I have received honoraria for presentations at Queen's University (2010), University of Saskatchewan (2012), Mount Sinai Hospital (2012), Toronto Reference Library (2016), Law Society of Ontario (2016), Japan Network of Health Promoting Hospitals & Health Services (2018), Ghent University, Belgium (2020), Joint Centre for Bioethics, University of Toronto (2019, 2021), North American Primary Care Research Group (2021), Ryerson University (2021).

Salary support: **None from for-profit/commercial entities.**

Department of Family and Community Medicine, St. Michael's Hospital; Department of Family and Community Medicine, Faculty of Medicine, University of Toronto; Li Ka Shing Knowledge Institute, St. Michael's Hospital. Recipient of the 2019 PSI Graham Farquharson Knowledge Translation Fellowship. Recipient of a CIHR Applied Public Health Chair in Upstream Prevention.

Consulting Fees: **None.**

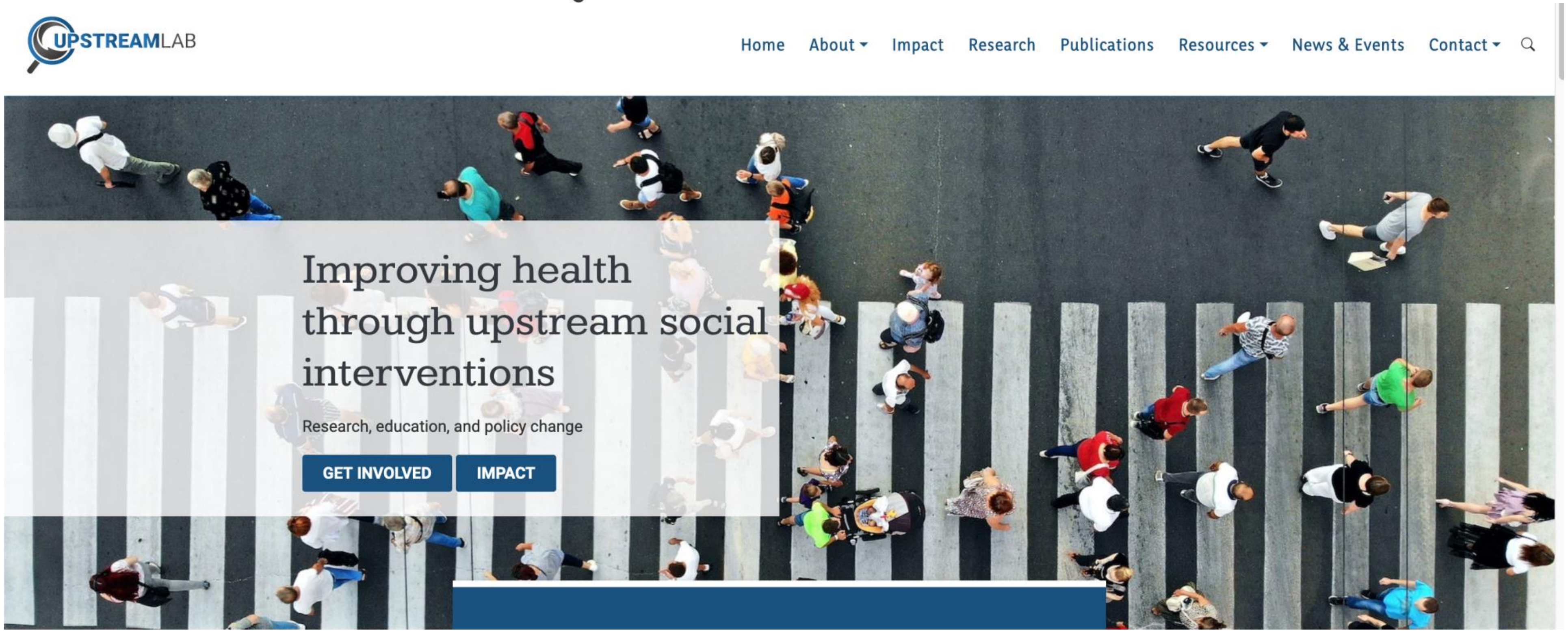
Other: I serve as an unpaid scientific advisor to a start-up company, Mutuo Health Solutions.

Outline

1. Upstream Lab & our journey
2. Lessons from COVID-19
3. Can EDIIA be transformative?

1. Upstream Lab & our journey

UPSTREAMLAB



Improving health through upstream social interventions

Research, education, and policy change

upstreamlab.org

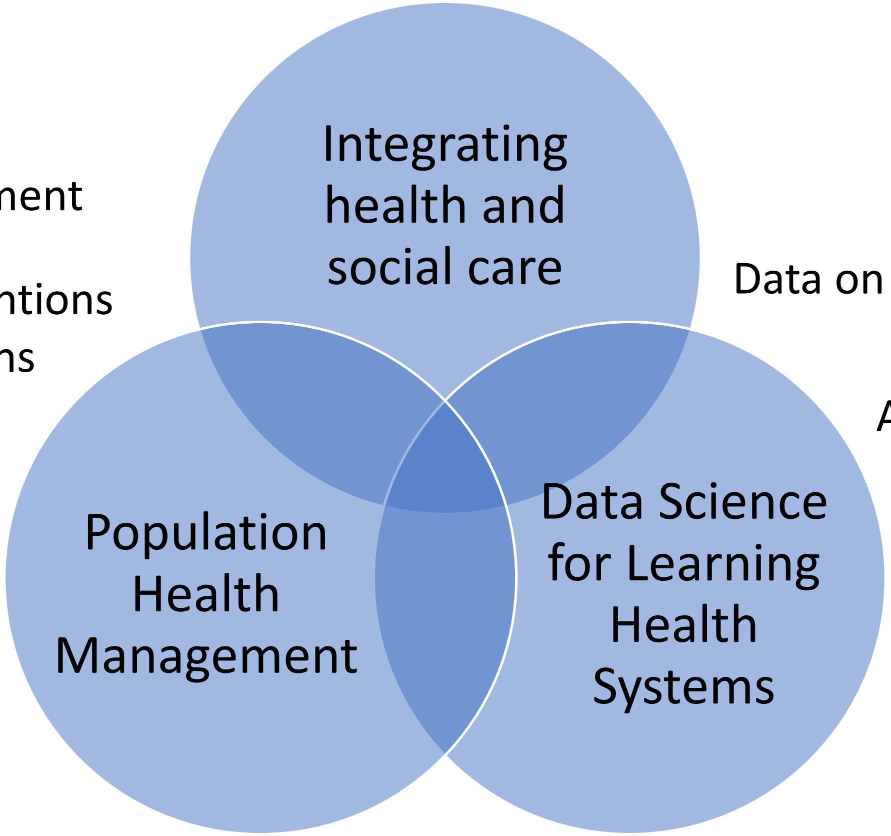
Addressing social needs of individuals

Democratic engagement

Proactive policy interventions & advocacy coalitions

Neighbourhood interventions

Social infrastructure



Integrating health and social care

Population Health Management

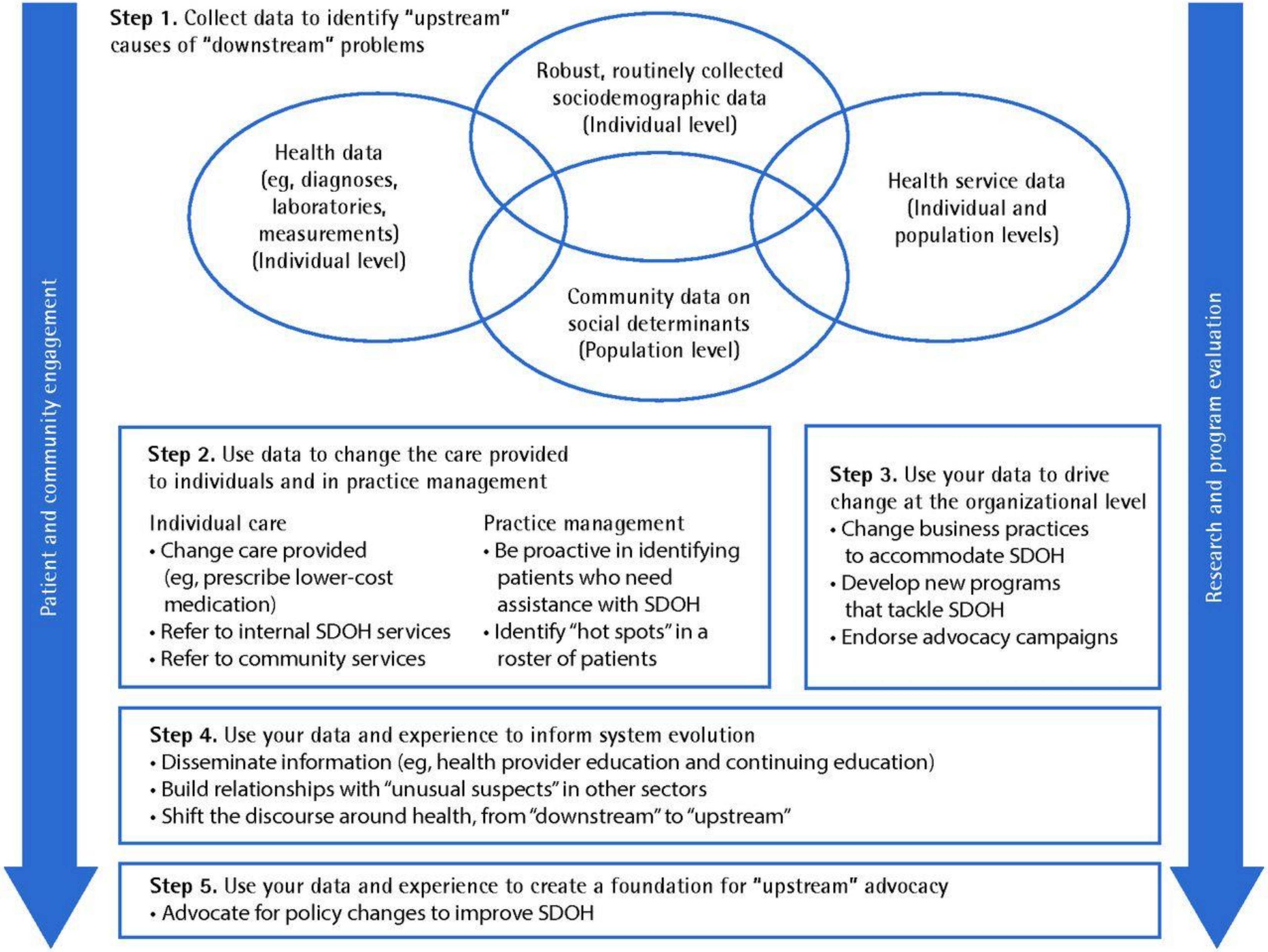
Data Science for Learning Health Systems

Data on sociodemo/social needs

AI integrated into care

Upstream Education

Shifting health organizations to population thinking and community accountability



Step 1. Collect data to identify "upstream" causes of "downstream" problems

Health data (eg, diagnoses, laboratories, measurements) (Individual level)

Robust, routinely collected sociodemographic data (Individual level)

Health service data (Individual and population levels)

Community data on social determinants (Population level)

Step 2. Use data to change the care provided to individuals and in practice management

Individual care
- Change care provided (eg, prescribe lower-cost medication)
- Refer to internal SDOH services
- Refer to community services

Practice management
- Be proactive in identifying patients who need assistance with SDOH
- Identify "hot spots" in a roster of patients

Step 3. Use your data to drive change at the organizational level
- Change business practices to accommodate SDOH
- Develop new programs that tackle SDOH
- Endorse advocacy campaigns

Step 4. Use your data and experience to inform system evolution
- Disseminate information (eg, health provider education and continuing education)
- Build relationships with "unusual suspects" in other sectors
- Shift the discourse around health, from "downstream" to "upstream"

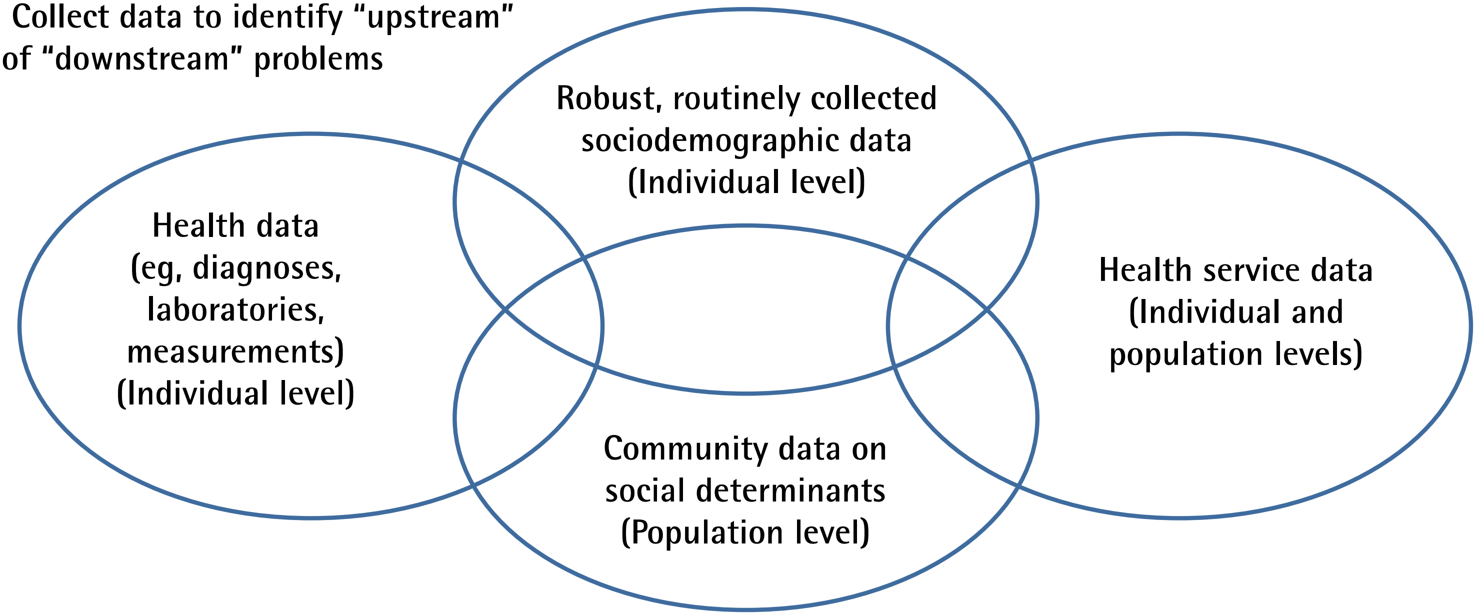
Step 5. Use your data and experience to create a foundation for "upstream" advocacy
- Advocate for policy changes to improve SDOH

SDOH—social determinants of health.

Can Family Physician 2017; 63: e476-e482

Patient Reported and Inferred Social Measures (PRISMs)

Step 1. Collect data to identify "upstream" causes of "downstream" problems



Robust, routinely collected sociodemographic data (Individual level)

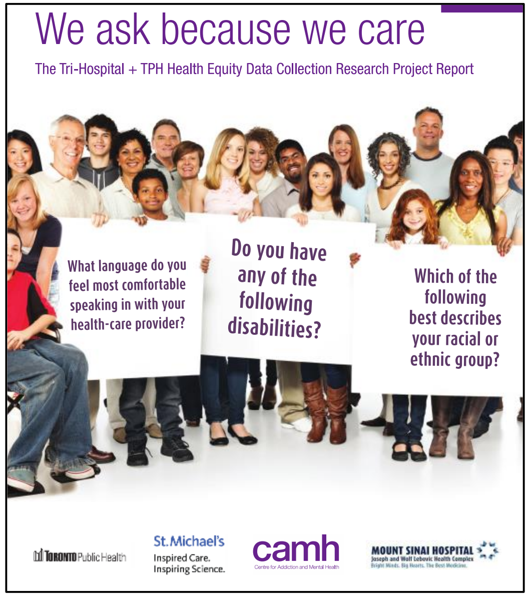
Health data (eg, diagnoses, laboratories, measurements) (Individual level)

Health service data (Individual and population levels)

Community data on social determinants (Population level)

CFP 2017; 63: e476-e482

Data collection at SMHAFHT (2013 -)



We ask because we care

The Tri-Hospital + TPH Health Equity Data Collection Research Project Report

http://torontohealthequity.ca/

8 mandatory questions

1. Language (speaking to health care provider)
2. Born in Canada
3. Racial or ethnic group
4. Illness or disability
5. Gender
6. Sexual orientation
7. Family income
8. No. income supports

3 optional questions

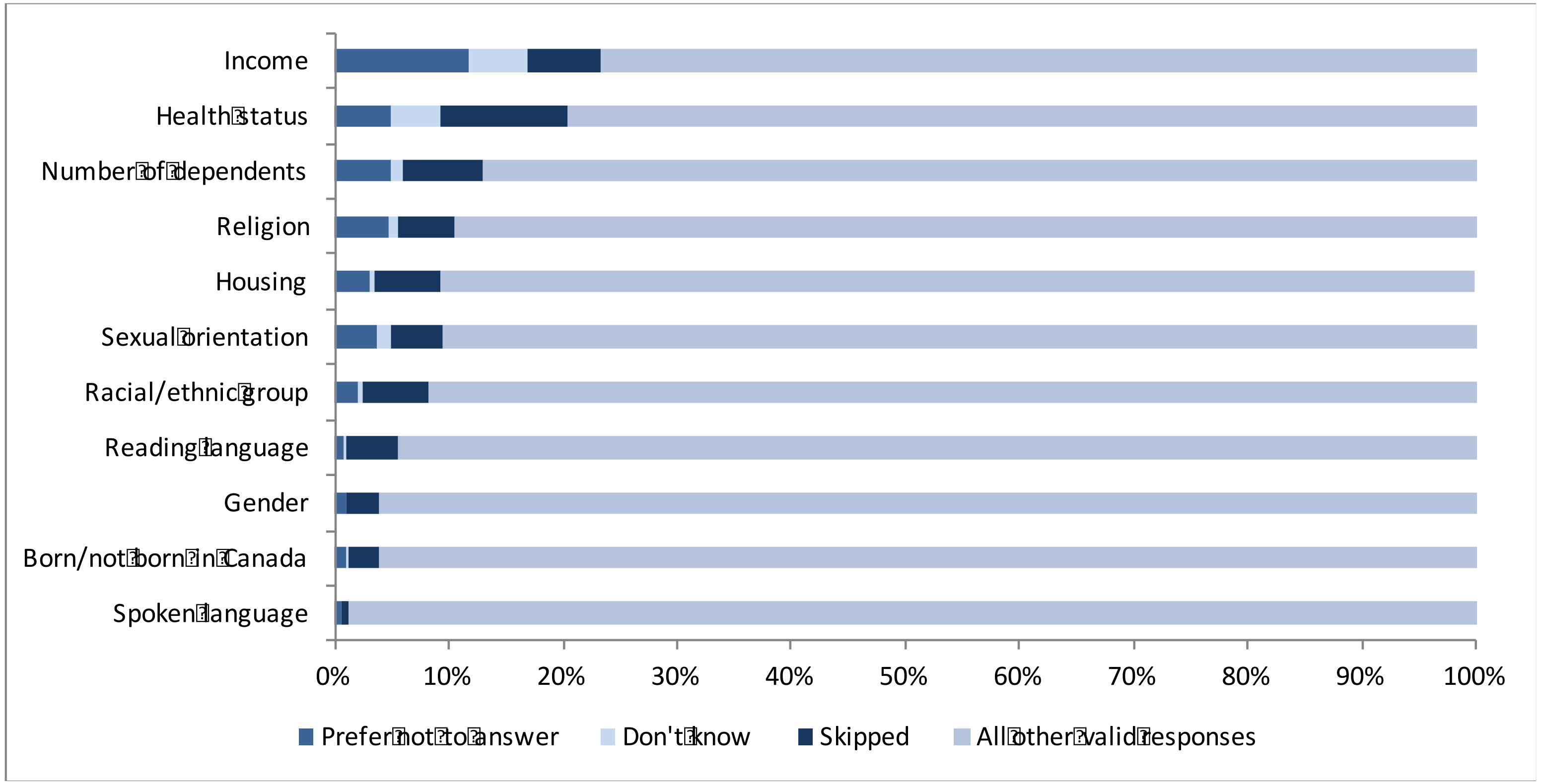
1. Language (reading healthcare info)
2. Religious or spiritual affiliation
3. Housing

Response rate

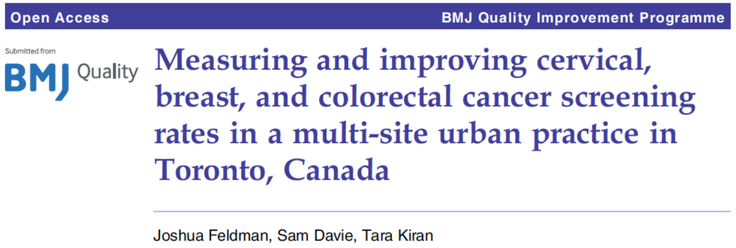
Building a Foundation to Reduce Health Inequities: Routine Collection of Sociodemographic Data in Primary Care

Andrew D. Pinto, MD, CCFP, MSc, Gabriela Glattstein-Young, MD, MPH, Anthony Mohamed, MES, Gary Bloch, MD, CCFP, Fok-Han Leung, MD, CCFP, and Richard H. Glazier, MD, CCFP, MPH

JABFM 2016; 29 (3): 348-355.



Data to identify inequities



Open Access **BMJ Quality Improvement Programme**

Submitted from BMJ Quality

Measuring and improving cervical, breast, and colorectal cancer screening rates in a multi-site urban practice in Toronto, Canada

Joshua Feldman, Sam Davie, Tara Kiran

BioMed Central

BMC Family Practice

HOME ABOUT ARTICLES SUBMISSION GUIDELINES

RESEARCH ARTICLE | OPEN ACCESS | OPEN PEER REVIEW

Using self-reported data on the social determinants of health in primary care to identify cancer screening disparities: opportunities and challenges

A.K. Lofters ✉, A. Schuler, M. Slater, N.N. Baxter, N. Persaud, A.D. Pinto, E. Kucharski, S. Davie, R. Nisenbaum and T. Kiran

BMC Family Practice BMC series – open, inclusive and trusted 2017 18:31 | DOI: 10.1186/s12875-017-0599-z

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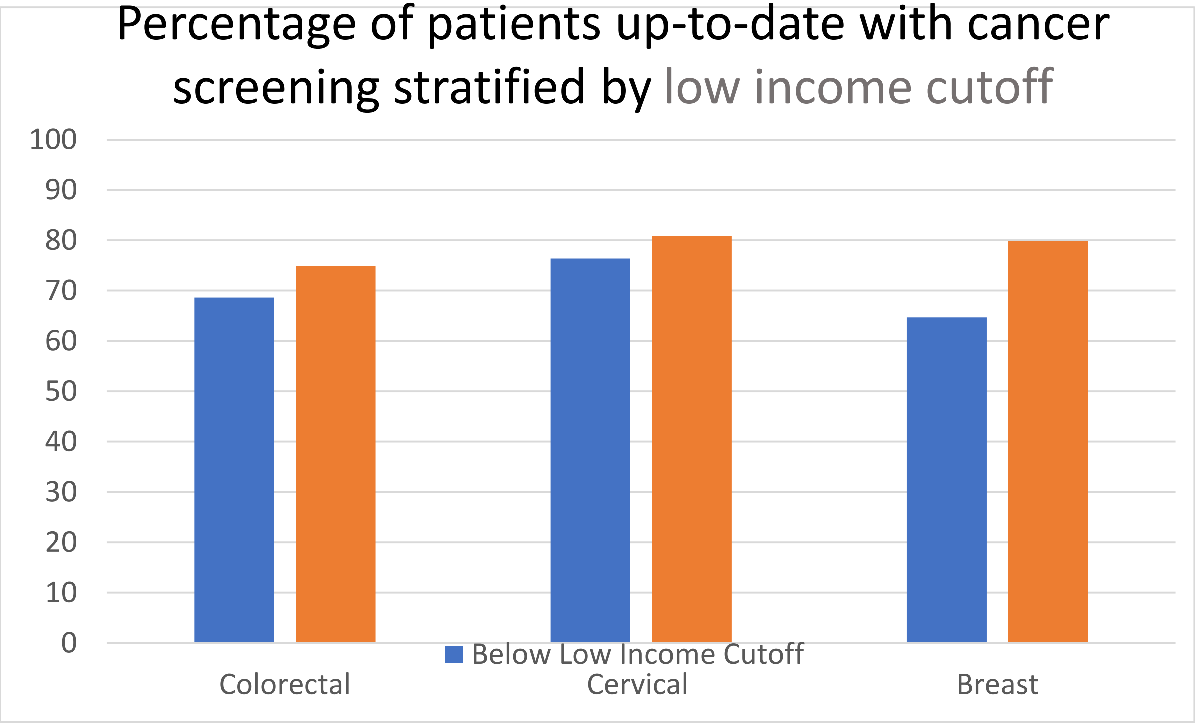
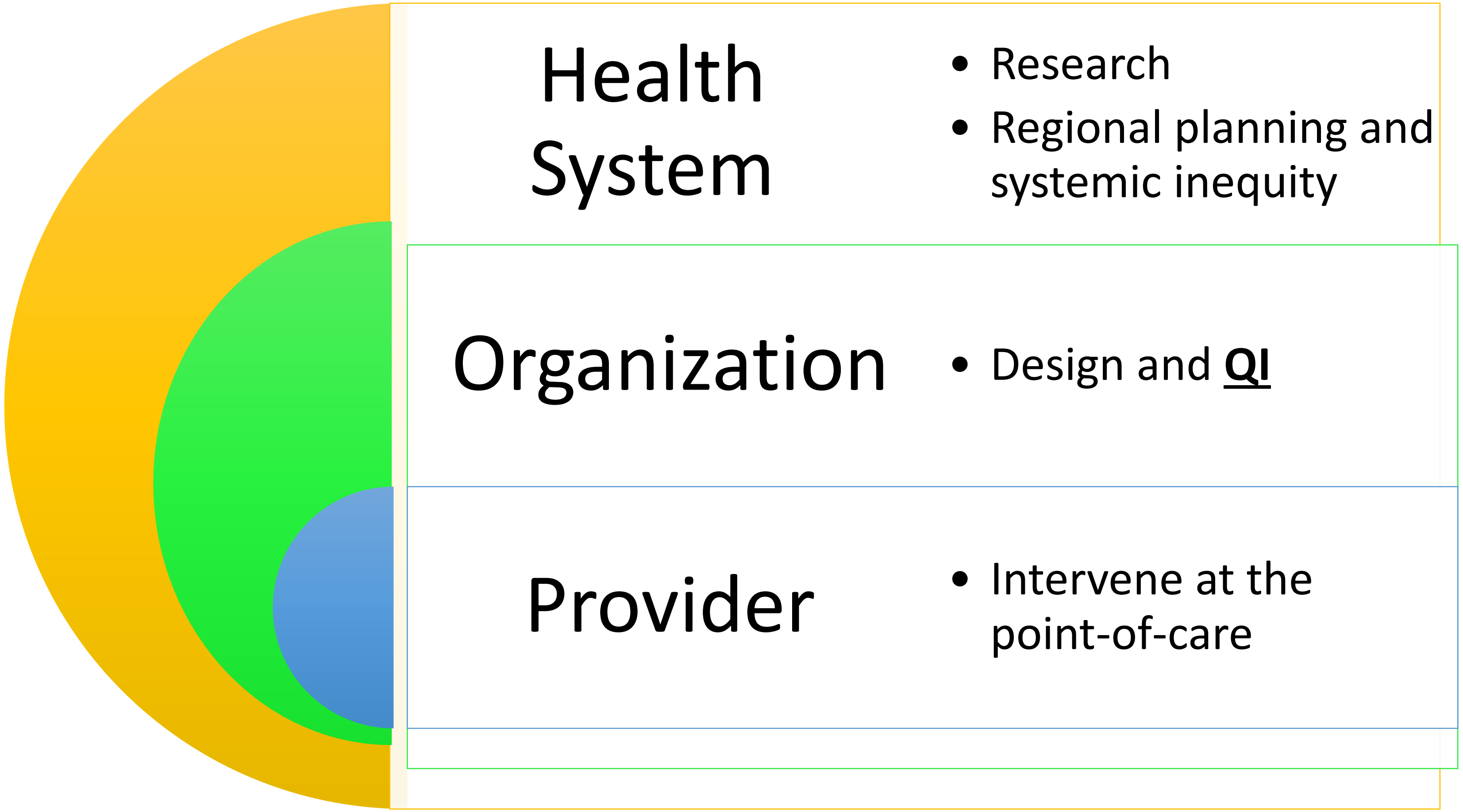


Percentage of patients up-to-date with cancer screening stratified by low income cutoff

How can we use this data?



Health System	- Research - Regional planning and systemic inequity
Organization	- Design and **<u>QI</u>**
Provider	- Intervene at the point-of-care

Based on research co-led by Dr. Tara Kiran, with many patient partners and collaborators

Screening for Poverty And Related social determinants and intervening to improve Knowledge of and links to resources (SPARK)

https://upstreamlab.org/project/spark/

CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

Maytree
Poverty • Rights • Change

Doctors Nova Scotia

St. Michael's
Inspired Care. Inspiring Science.
Centre for Urban Health Solutions

MEMORIAL UNIVERSITY
Primary Healthcare Research Unit

Ontario
Ministry of Research, Innovation and Science

SHRF
SASKATCHEWAN HEALTH RESEARCH FOUNDATION

Saskatoon Health Region

Research Manitoba

Manitoba Centre for Health Policy

DALHOUSIE UNIVERSITY
FACULTY OF MEDICINE

nova scotia health authority

Prosper Canada

CFP 2019, 65 (8) e363-e369;

https://www.sciencedirect.com/science/article/abs/pii/S1936657419301906

http://www.cmaj.ca/content/191/3/E63/tab-article-info

https://bjgpopen.org/content/6/1/BJGPO.2021.0090

WEB EXCLUSIVE RESEARCH

Patient perspectives on routinely being asked about their race and e

Qualitative study in prima

Tara Kiran MD MSc CCFP FCFP Priya Sandhu
Kimberly Devotta MA Aisha Lofters MD P

Editor's key points

- Collecting data on race and ethnicity is an important step in

Abstract

Objective To understand patients' pers
about their race and ethnicity in a prim

Design Qualitative study using semistru
between May and July 2016.

Setting An academic family health tean
sociodemographic data has been routin

Participants Twenty-seven patients fron
health team, ranging in age, sex, educati

Methods Semistructured interviews we
completed a sociodemographic questio
medical appointment. Patients were ask
question was difficult or uncomfortable
and ethnicity, and what response optio
audiorecorded, transcribed, and coded

Main findings Patients did not report d
about race and ethnicity in their family
considered the question straightforwar
interpretations of the question. For exa
about race and ethnicity related to pare
considered the question to be about pe
Many patients appreciated being able t
response options, but this also posed a
easily find an option that reflected thei
experienced the most challenges select

Conclusion Patients attending a primar
responding to a question about race an
different interpretations of what was be
explore perspectives of patients in othe
different methods for collecting data ab

Disability and Health Journal 13 (2020) 100872

Contents lists available at ScienceDirect

Disability and Health Journal

journal homepage:

ELSEVIER

Brief Report

Routine identification of patients wi mixed-methods study

Andrew D. Pinto, MD CCFP FRCPC MSc [a, b, c, d,
Robert Lattanzio, BA LLB BCL [g], Tatiana Aratan
Rosane Nisenbaum, PhD [d, h, i], Tara Kiran, MD

[a] The Upstream Lab, MAP Centre for Urban Health Solutions, Li Ka Shing Knowle
1W8, Canada
[b] Department of Family and Community Medicine, St. Michael's Hospital, 30 Bo
[c] Department of Family and Community Medicine, Faculty of Medicine, Univers
[d] Dalla Lana School of Public Health, University of Toronto, 155 College Street,
[e] University of Toronto Practice-Based Research Network (UTOPIAN), 4001 Lesli
[f] Undergraduate Medical Education, Faculty of Medicine, University of Toronto,
[g] ARCH Disability Law Centre, 55 University Avenue - 15th Floor, Toronto, Onta
[h] MAP Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, St. M
[i] Applied Health Research Centre, Li Ka Shing Knowledge Institute, St. Michael's
[j] Health Quality Ontario, 130 Bloor Street West — 10th Floor, Toronto, Ontario,

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Primary health care
Health services for persons with disabilities
Disabled persons
Disability evaluation

ABSTRACT

Background: People
health outcomes, b
Objective: This stud
routine, self-admini
Methods: We condu
the characteristics o
using logistic regre
depth interviews w
Results: Over 28 m
least one question.
patients, patients w
question. When co
Patients interviewe
mental illness and
Conclusions: Direct
about what constitu
examine whether a
patients with disabi
barriers to care.

* Corresponding author. St. Michael's Hospital, 30 Bond Street, Toronto, O
M5B 1W8, Canada.
E-mail addresses: andrew.pinto@utoronto.ca (A.D. Pinto), e.j.shenfeld@
com (E. Shenfeld), lattanr@lao.on.ca (R. Lattanzio), aratangyt@
(T. Aratangy), wangri1@smh.ca (R. Wang), nisenbaumr@smh.ca (R. Nisen
tara.kiran@utoronto.ca (T. Kiran).

https://doi.org/10.1016/j.dhjo.2019.100872
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RESEARCH VULNERABLE POPULATIONS

Routine collection of sexual orientation and gender identity data: a mixed-

Andrew D. Pinto MD MSc, Tatiana Aratangy PhD, Alex Abramovich PhD
PhD, Ri Wang MMath, Tara Kiran MD MSc

■ Cite as: *CMAJ* 2019 January 21;191:E63-8. doi: 10.1503/cmaj.180839

See related article at www.cmaj.ca/lookup/doi/10.1503/cmaj.190011

ABSTRACT

BACKGROUND: Sexual orientation and gender identity are key social determinants of health, but data on these characteristics are rarely routinely collected. We examined patients' reactions to being asked routinely about their sexual orientation and gender identity, and compared answers to the gender identity question against other data in the medical chart on gender identity.

METHODS: We analyzed data on any patient who answered at least 1 question on a routinely administered sociodemographic survey between Dec. 1, 2013, and Mar. 31, 2016. We also conducted semi-
structured interviews with 27 patier
after survey completion.

RESULTS: The survey was offered
15 221 patients and 14 247 (93.6
responded to at least 1 of the soci
demographic survey questions. Mo
respondents answered the sexual orie
tation (90.6%) and gender identi
(96.1%) questions. Many patients w
had been classified as transgender
gender diverse in their medical chart
not self-identify as transgender, b
rather selected female (22.9%) or ma
(15.4%). In the semistructured intervie
many patients expressed appreciation

Health organizations have begun to explore ways to address social determinants of health to improve care and reduce health inequities.[1–6] One barrier is insufficient individual-level data on social determinants of health.[7–10] Gender identity and sexual orientation are important social determinants,[11–13] but such data are rarely routinely collected by health care organizations.[14–16]

Gender identity is a predictor of health outcomes and can affect access to health care.[17,18] Transgender and gender-diverse individuals[19–22] (Box 1) consistently report negative experiences in health care related to their gender identity.[23–25] Sexual orientation is also an important predictor of health status and access to health care.[15] For example, women who identify as lesbian have lower rates of cervical cancer screening than those who identify as heterosexual[26,27] and bisexual people report more unmet health needs than heterosexual people.[26]

Information on gender identity is particularly crucial to the care of transgender and gender-diverse individuals, and whether to disclose is not always a choice.[15] Being comfortable with disclosing gender identity and sexual orientation can be an indica-
tor of trust an
care.[15,28] Certai
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Methods

Setting and c

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BJGP Open RESEARCH

Routinely asking patients about income in primary care: a mixed-methods study

Andrew David Pinto[1,2,3,4,5]*, Erica Shenfeld[1], Tatiana Aratangy[6], Ri Wang[6], Rosane Nisenbaum[6,7], Aisha Lofters[3,4,6,8], Gary Bloch[2,3], Tara Kiran[2,3,5,6]

[1]Upstream Lab, MAP/Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Canada; [2]Department of Family and Community Medicine, St. Michael's Hospital, Toronto, Canada; [3]Department of Family and Community Medicine, Faculty of Medicine, University of Toronto, Toronto, Canada; [4]Division of Clinical Population Health, Dalla Lana School of Public Health, University of Toronto, Toronto, Canada; [5]Institute for Health Policy, Management and Evaluation, Dalla Lana School of Public Health, University of Toronto, Toronto, Canada; [6]MAP/Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Canada; [7]Division of Epidemiology, Dalla Lana School of Public Health, University of Toronto, Toronto, Canada; [8]Department of Family and Community Medicine, Women's College Hospital, Toronto, Canada

Abstract

Background: Income is a key social determinant of health, yet it is rare for data on income to be routinely collected and integrated with electronic health records.

Aim: To examine response bias and evaluate patient perspectives of being asked about income in primary care.

Design & setting: Mixed-methods study in a large, multi-site primary care organisation in Toronto, Canada, where patients are asked about income in a routinely administered sociodemographic survey.

Method: Data were examined from the electronic health records of patients who answered at least one question on the survey between December 2013 and March 2016 (n = 14 247). The study compared those who responded to the income question with non-responders. Structured interviews with 27 patients were also conducted.

Results: A total of 10 441 (73%) patients responded to both parts of the income question: *'What was your total family income before taxes last year?'* and *'How many people does your income support?'*. Female patients, ethnic minorities, caregivers of young children, and older people were less likely to respond. From interviews, many patients were comfortable answering the income question, particularly if they understood the connection between income and health, and believed the data would be used to improve care. Several patients found it difficult to estimate their income or felt the options did not reflect fluctuating financial circumstances.

Conclusion: Many patients will provide data on income in the context of a survey in primary care, but accurately estimating income can be challenging. Future research should compare self-reported income to perceived financial strain. Data on income linked to health records can help identify health inequities and help target anti-poverty interventions.

How this fits in

The relationship between income and health is well known but data on income is rarely collected. From 14 247 patients who completed at least one question on a routinely offered sociodemographic

***For correspondence:** andrew.pinto@utoronto.ca

Competing interest: See page 10

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Author Keywords: inequalities, social determinants of health, income, socioeconomic factors, surveys and questionnaires, primary health care

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Pinto AD *et al.* BJGP Open 2022; DOI: 10.3399/BJGPO.2021.0090 1 of 12

UPSTREAMLAB

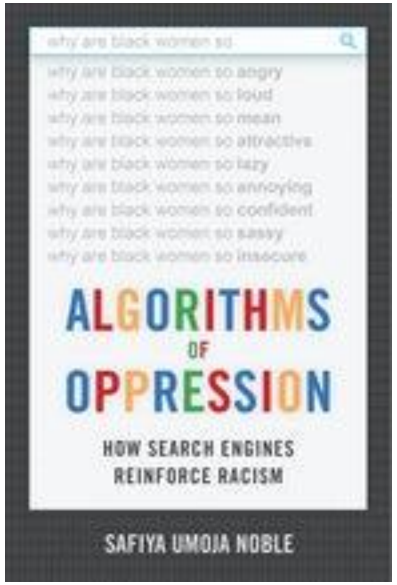
Implementing data collection in health settings

Key requirements:

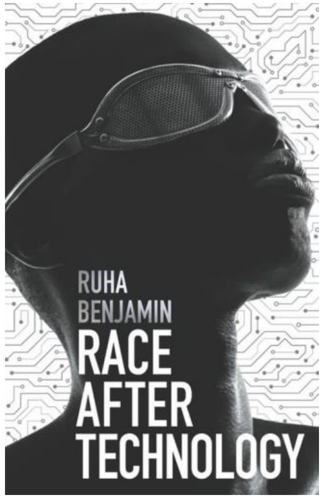
1. Committed leadership and staff
2. Indigenous data governance and sovereignty
3. Community engagement – e.g. EGAP framework
4. Transparency
5. Commitment to taking action (not just data collection!)
6. Continuous data quality
7. Staff training & quality assurance
8. Appropriate communication to patients
9. Complaint process around discrimination
10. Data security and privacy

Note: These key issues have been raised by <u>many</u> before me!

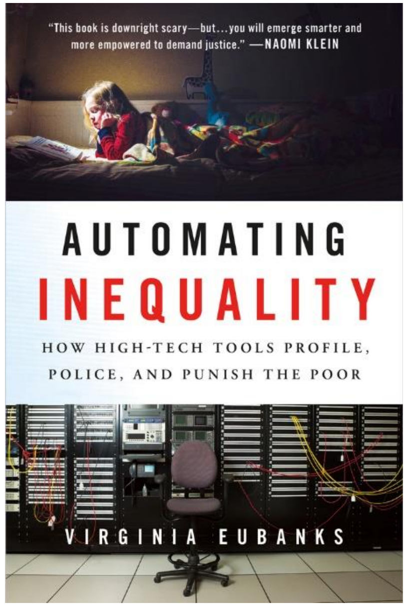
Concerns about the misuse of data, algorithmic bias & surveillance



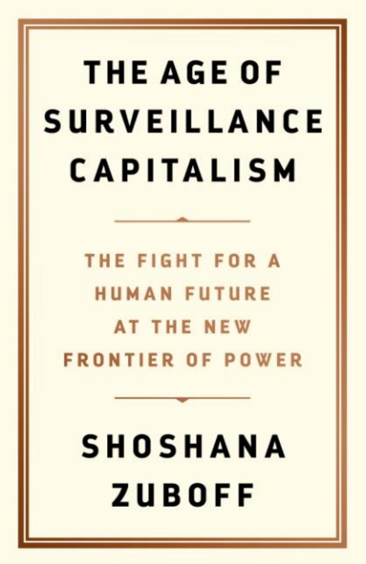
https://nyupress.org/9781479837243/algorithms-of-oppression/



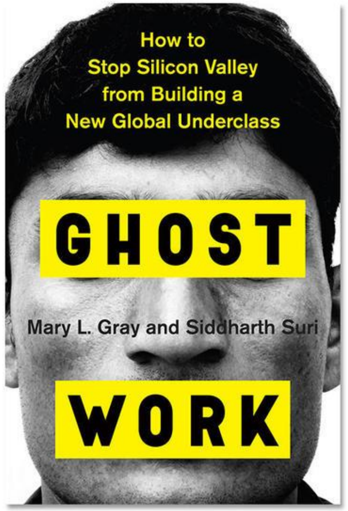
https://www.ruhabenjamin.com/race-after-technology



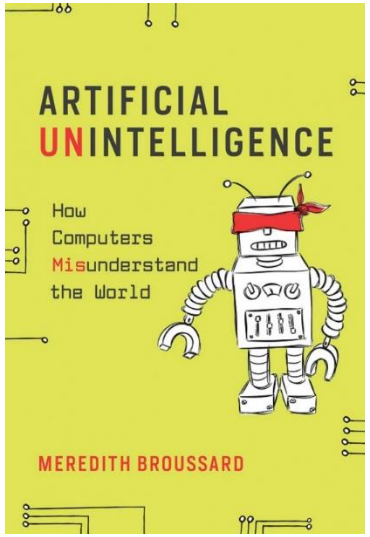
https://us.macmillan.com/books/9781250074317



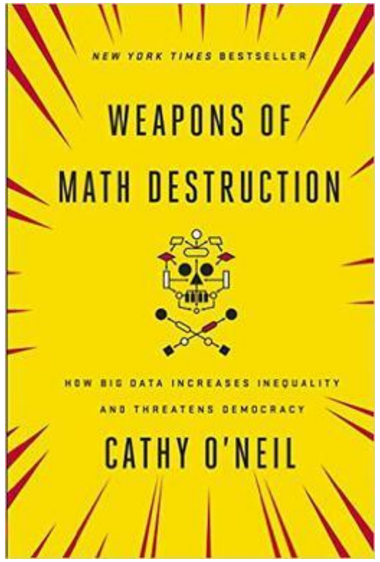
https://www.publicaffairsbooks.com/titles/shoshana-zuboff/the-age-of-surveillance-capitalism/9781610395694/



https://ghostwork.info/



https://mitpress.mit.edu/books/artificial-unintelligence



https://weaponsofmathdestructionbook.com/

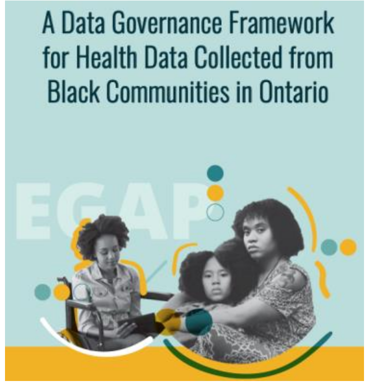
Sociodemo data to identify systemic racism

Dr. Onye Nnorom, Dr. Kate Mulligan, Dr. Marcia Anderson

https://www.youtube.com/watch?v=7KepfKI1bS8

https://fnigc.ca/ocap-training/

EGAP Framework


A Data Governance Framework for Health Data Collected from Black Communities in Ontario

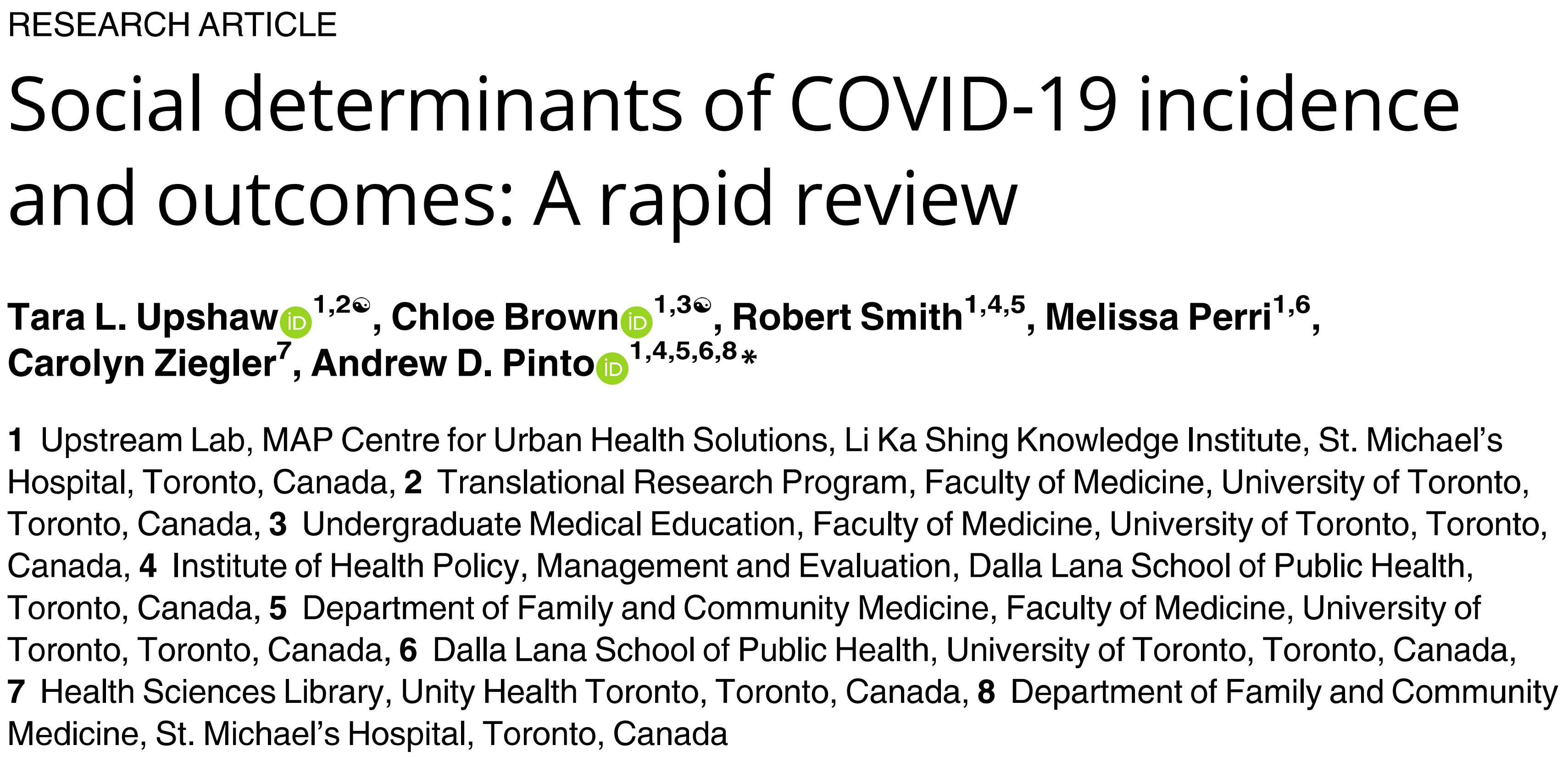
EGAP

A vision of community data governance from the Black Health Equity Working Group

https://blackhealthequity.ca/

- **Engagement:** genuine, ongoing, accessible, transparent consultation with community members, recognized leaders and organizations
- **Governance:** community decision-making about collection, analysis/interpretation, use, management
- **Access:** right to access data and determine who else can access community data trust
- **Protection:** safeguarding data, including the use of de-identified and anonymized data

2. Lessons from social data collection during the COVID-19 pandemic



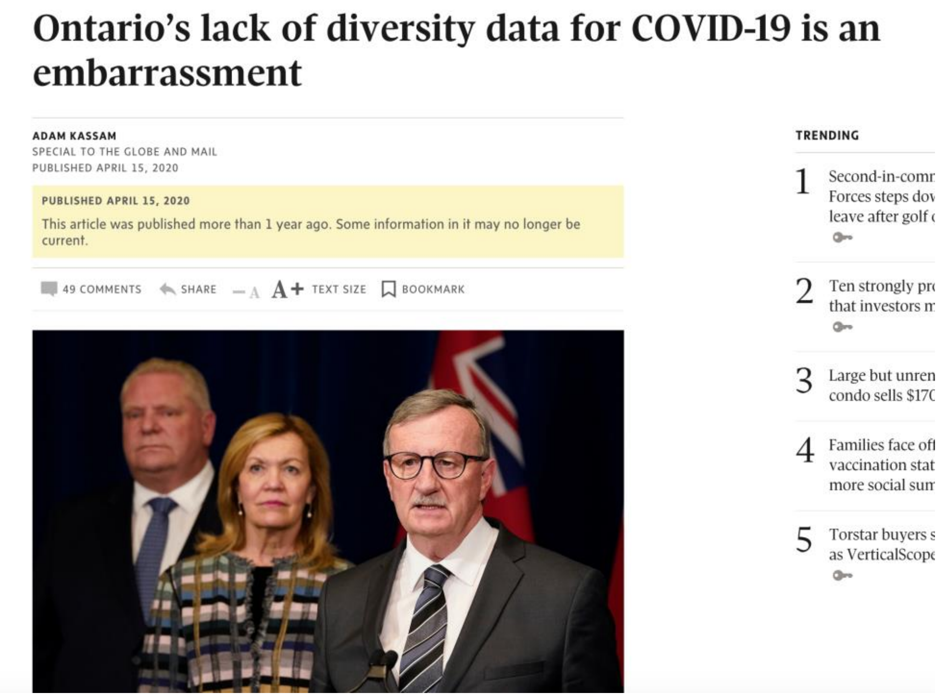
RESEARCH ARTICLE

Social determinants of COVID-19 incidence and outcomes: A rapid review

Tara L. Upshaw[1,2☯], Chloe Brown[1,3☯], Robert Smith[1,4,5], Melissa Perri[1,6], Carolyn Ziegler[7], Andrew D. Pinto[1,4,5,6,8]*

1 Upstream Lab, MAP Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Canada, **2** Translational Research Program, Faculty of Medicine, University of Toronto, Toronto, Canada, **3** Undergraduate Medical Education, Faculty of Medicine, University of Toronto, Toronto, Canada, **4** Institute of Health Policy, Management and Evaluation, Dalla Lana School of Public Health, Toronto, Canada, **5** Department of Family and Community Medicine, Faculty of Medicine, University of Toronto, Toronto, Canada, **6** Dalla Lana School of Public Health, University of Toronto, Toronto, Canada, **7** Health Sciences Library, Unity Health Toronto, Toronto, Canada, **8** Department of Family and Community Medicine, St. Michael's Hospital, Toronto, Canada

https://journals.plos.org/plosone/article/authors?id=10.1371/journal.pone.0248336



Ontario's lack of diversity data for COVID-19 is an embarrassment

ADAM KASSAM
SPECIAL TO THE GLOBE AND MAIL
PUBLISHED APRIL 15, 2020

PUBLISHED APRIL 15, 2020

This article was published more than 1 year ago. Some information in it may no longer be current.

1 Second-in-com
Forces steps do
leave after golf

2 Ten strongly pr
that investors m

3 Large but unre
condo sells $17

4 Families face of
vaccination stat
more social su

5 Torstar buyers
as VerticalScop

https://www.theglobeandmail.com/opinion/article-ontarios-lack-of-diversity-data-for-covid-19-is-an-embarrassment/

Ignorance of history and contemporary data:

"regardless of race, ethnic or other backgrounds, they're all equally important to us."
- Dr. David Williams

UPSTREAMLAB

Collecting data on race during the COVID-19 pandemic to identify inequities

April 14, 2020

Andrew D. Pinto MD MSc
Ayu Hapsari MSc

CIHI Update | **May 2020**

Race-Based Data Collection and Health Reporting

Summary

There is heightened awareness of and interest in collecting information to better understand the spread of COVID-19 and the impact of the pandemic, particularly within racialized communities.
The lack of data on race in Canada makes it difficult to monitor racial health inequalities. To help harmonize and facilitate collection of high-quality data, the Canadian Institute for Health Information (CIHI) is proposing an interim race data collection standard based on work that has been ongoing for a number of years, including engagement with researchers, clinicians, organizations representing racialized communities, and federal, provincial and territorial governments. It is intended for use by any jurisdiction or organization that decides to collect this type of data.

THE UPSTREAM LAB

RECOMMENDATIONS ON COLLECTING RACE DATA DURING COVID-19

1

COLLECT DATA ON RACE & OTHER SOCIAL FACTORS

All Canadian jurisdictions should routinely collect data on race and other key factors such as income or housing, that can impact outcomes or shape the public health response.

2

USE SAME QUESTIONS ACROSS PROVINCES

Jurisdictions should use the same questions to allow for country-wide comparisons and rapid use by relevant public health centres.

3

PREFACE FOR UNDERSTANDING

Asking about race is uncommon in Canadian health care settings. Explaining why questions are asked about race can help patients understand the context and avoid reinforcing false ideas about race.

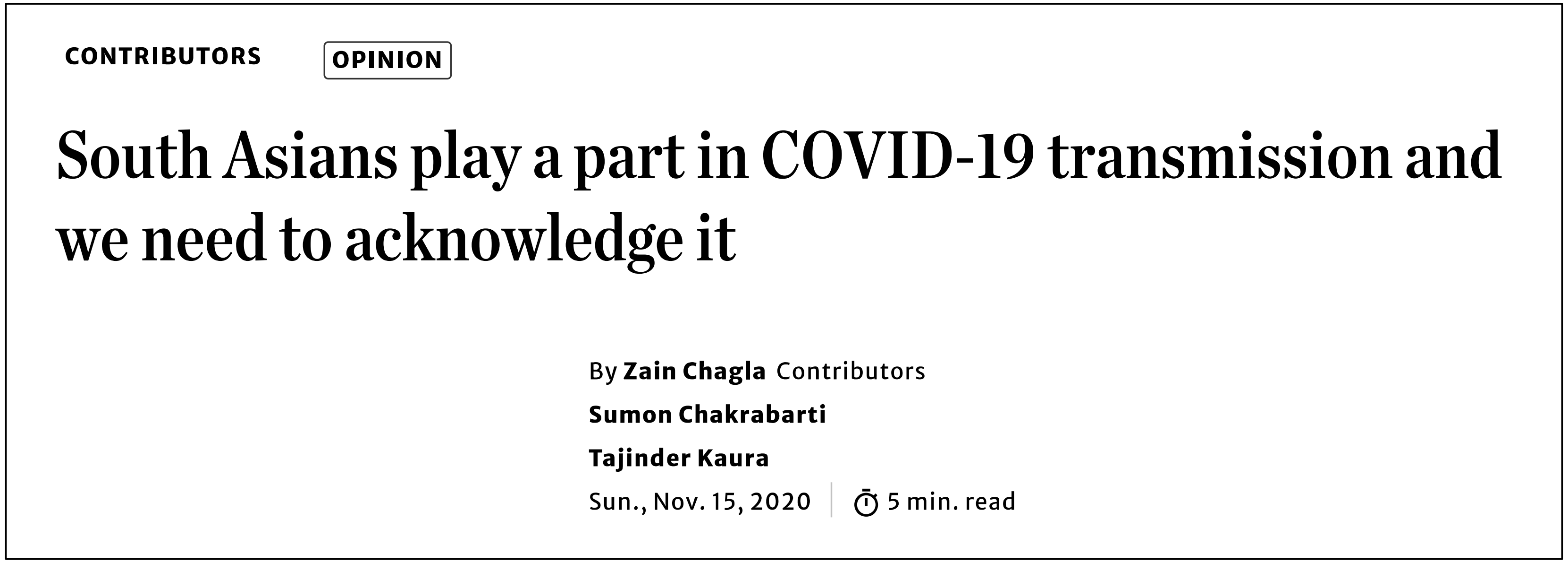
4

BE TRANSPARENT

Commit to transparency and engagement with local leaders on questions used, proper question administration, and to help create community-based interventions to reduce inequities.

INFOGRAPHIC BY: BREAGH & BRIANNA CHENG
SOURCE: ANDREW PINTO, AYU HAPSARI, UPSTREAM LAB
https://upstreamlab.org @upstreamlab Created April 17, 2020

Stigma, discrimination & lack of intersectional thinking



CONTRIBUTORS **OPINION**

South Asians play a part in COVID-19 transmission and we need to acknowledge it

By **Zain Chagla** Contributors
Sumon Chakrabarti
Tajinder Kaura
Sun., Nov. 15, 2020 | ⏱ 5 min. read

https://www.thestar.com/opinion/contributors/2020/11/15/south-asians-play-a-part-in-covid-19-transmission-and-we-need-to-acknowledge-it.html

Why Brampton has become a hot spot for COVID-19

JAREN KERR
PUBLISHED 2 DAYS AGO

Globe and Mail. Nov 13, 2020

https://www.theglobeandmail.com/canada/article-why-brampton-has-become-a-hot-spot-for-covid-19/

Stigma, discrimination & lack of intersectional thinking

Dryden: Racist responses to COVID-19 continue to place all of us at greater risk

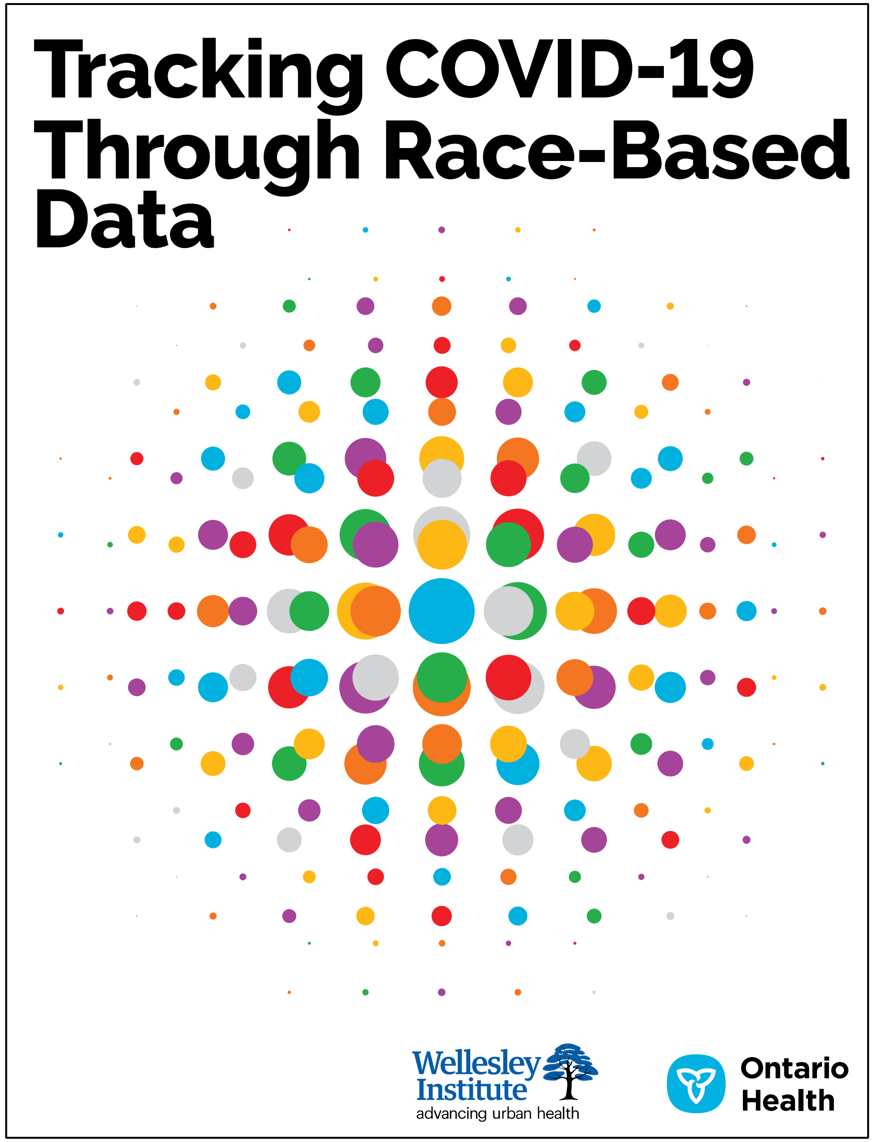
Posted by **Dr. OmiSoore Dryden** on September 3, 2020 in News

Dr. OmiSoore Dryden is the James R. Johnston Chair in Black Canadian Studies

**This op-ed was originally posted by the Chronicle Herald on September 2, 2020*

"In January 2020, I tweeted a caution about how outbreaks become a vehicle for perpetuating racism and racist stereotypes. And unfortunately, we have seen numerous examples of exactly this."

https://medicine.dal.ca/news/2020/09/03/dryden__racist_responses_to_covid_19_continue_to_place_all_of_us_at_greater_risk.html



Tracking COVID-19 Through Race-Based Data

Wellesley Institute
advancing urban health

Ontario Health

https://www.ontariohealth.ca/about-us/our-programs/provincial-equity-indigenous-health/equity-inclusion-diversity-anti-racism/report-tracking-covid-19-through-race-based-data

TORONTO'S BLACK COMMUNITY TOWN HALLS UNPACKED

THE BLACK SCIENTISTS' TASKFORCE ON VACCINE EQUITY | 2021

https://www.thestar.com/news/gta/2021/05/08/light-at-the-end-of-the-tunnel-toronto-set-to-reach-covid-19-vaccine-milestone-with-50-of-adults-having-had-first-jab.html

City of Toronto / Media Room / News Releases & Other Resources / City of Toronto awards $5.5 million in COVID-19 Vaccine Engagement Teams Grants to local agencies for vaccine outreach in vulnerable communities

City of Toronto awards $5.5 million in COVID-19 Vaccine Engagement Teams Grants to local agencies for vaccine outreach in vulnerable communities

'Good public health policy': The success of vaccine clinics for Black, racialized Canadians

Jeremiah Rodriguez CTVNews.ca Writer
@jererodriguezzz | Contact

Published Thursday, May 6, 2021 12:27PM EDT

N.S. hits another vaccine milestone

NOW PLAYING Nova Scotia opens first community clinic for African Nova Scotians in Upper Hammonds Plains. Natasha Pace reports.

'We have to vaccinate the whole planet': Dr. Labos

Dr. Christopher Labos, epidemiologist and cardiologist, says low vaccination rates means more transmission and a higher risk of new variants

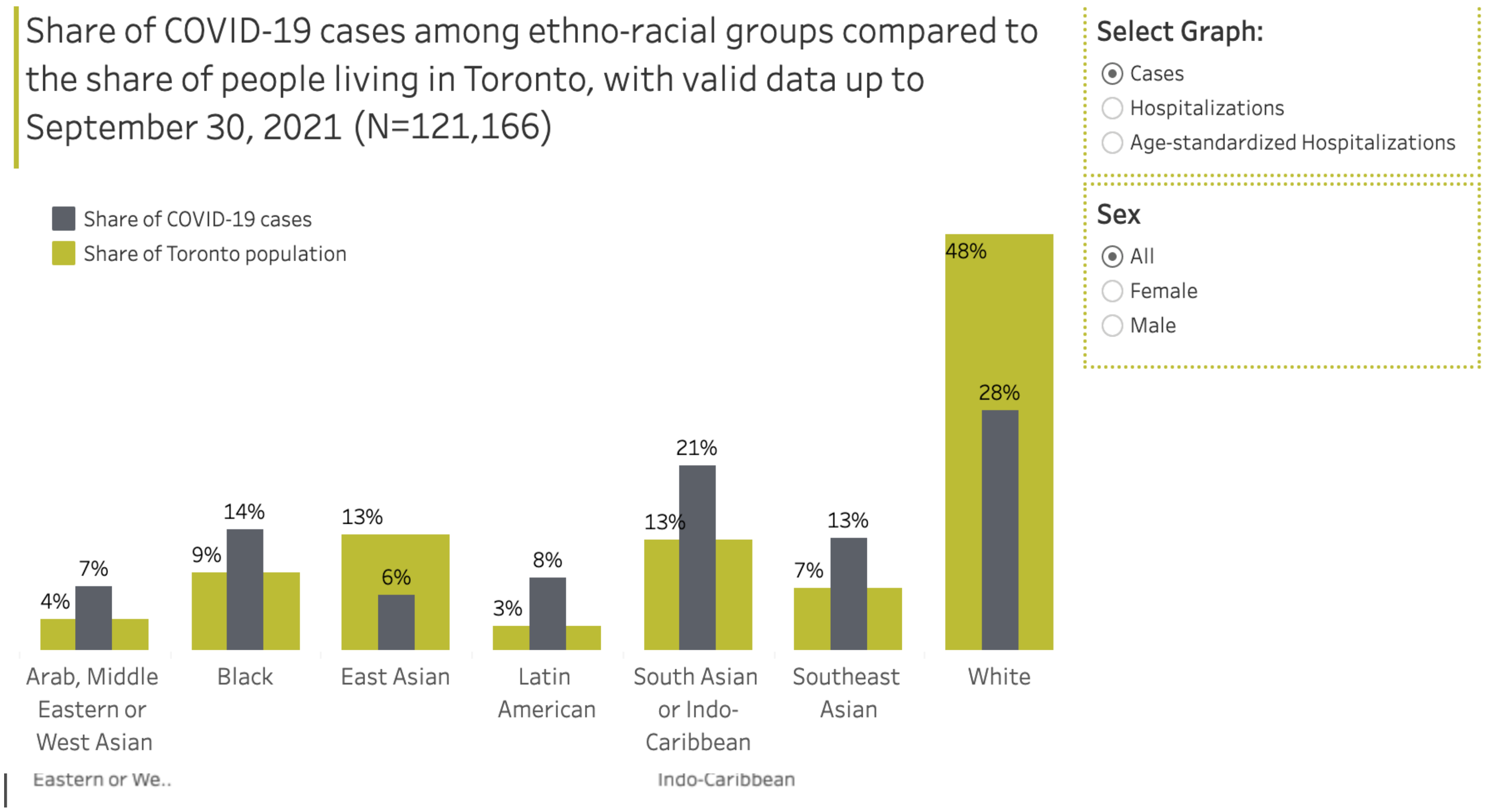
Procurement minister on vaccine shipments

Procurement Minister Anita Anand gives an update on the moderna delivery schedule and Canada's vaccination rollout.

"It's not just equitable, it's actually good public health policy," Hamilton critical care physician Dr. Abubaker Khalifa told CTVNews.ca in a phone interview, citing the city's own census and race-based COVID-19 data as the driving factor.

https://www.ctvnews.ca/health/coronavirus/good-public-health-policy-the-success-of-vaccine-clinics-for-black-racialized-canadians-1.5416822

August 2020 → September 2021



Share of COVID-19 cases among ethno-racial groups compared to the share of people living in Toronto, with valid data up to September 30, 2021 (N=121,166)

Select Graph:
● Cases
○ Hospitalizations
○ Age-standardized Hospitalizations

Sex
● All
○ Female
○ Male

https://www.toronto.ca/home/covid-19/covid-19-latest-city-of-toronto-news/covid-19-status-of-cases-in-toronto/

https://www.toronto.ca/home/covid-19/covid-19-pandemic-data/covid-19-ethno-racial-group-income-infection-data/

3. Can EDIIA be transformative?

How can EDIIA initiatives be transformative for health research?

Pinto AD. Healthcare Papers 2022; 20(3): 53-60
https://www.longwoods.com/content/26843/healthcarepapers/can-a-focus-on-equity-diversity-and-inclusion-transform-health-service-research-

Recommendations

1) We must take an honest and clear **history of the role of research in upholding injustice**.

After acknowledgement and apologies, we must commit to justice and reparations.

Current push for EDIIA:
A response to mass movements

BLACK
HEALTH
ALLIANCE

BLACK EXPERIENCES
IN HEALTH CARE
SYMPOSIUM:

Bringing together community and health systems for improved health outcomes

https://www.youthco.org/blm_act

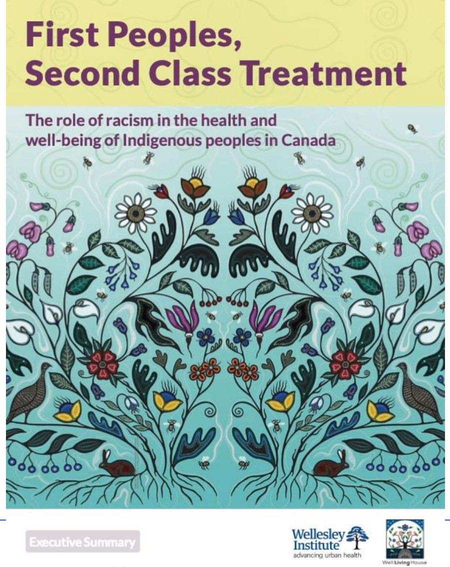
Mural by Kenny Altidor. Via: https://www.smithsonianmag.com/smithsonian-institution/remembering-george-floyd-and-movement-he-sparked-one-year-later-180977817/

Current push for EDIIA:
A response to mass movements

https://www.reuters.com/world/americas/indigenous-groups-call-canada-identify-graves-after-remains-215-children-found-2021-05-31/

IDLE NO MORE

https://idlenomore.ca/



First Peoples,
Second Class Treatment

The role of racism in the health and well-being of Indigenous peoples in Canada

Executive Summary

Wellesley Institute
advancing urban health

Well Living House

http://www.welllivinghouse.com/

Recommendations

2) We must **stop EDIIA as performative**. No statements without actions, timelines, and changes in the distribution of resources and power.

Recommendations

3) Data collection alone **must never be the end goal** of EDIIA. If data collection occurs, we must be transparent so the numbers can be put in the hands of individuals and communities working for change.

Recommendations

4) We must **ground our efforts in praxis**, as part of movements to create change. EDIIA continues to be a response, in many ways, to maintain the status quo.

We ask because we care

The Tri-Hospital + TPH Health Equity Data Collection Research Project Report

“We were talking about what the different hospitals are doing to address health equity … someone at another institution said, ‘Yeah we’re addressing health equity also. We did the Health Equity Survey.’ Uh, period. Like that was the approach to health equity…that file is closed.”(provider)

https://upstreamlab.org/project/spark/

> “Collecting race-based data is a policy decision, but it does not guarantee that good policy decisions will follow from the data that is collected. … We must be clear, then, that <u>collecting data is not an end in itself</u>: further work is needed to make something happen, and <u>that work is political work.”</u>

Prof. Rinaldo Walcott, TVO. Feb 23, 2021

https://www.tvo.org/article/race-based-covid-19-data-needs-to-lead-to-political-action

Conclusion

EDIIA initiatives must lead us to see and judge what we do with **new eyes**.

We must honestly think about who sets priorities, who benefits, what is the collective impact, and is it **emancipatory**.

Questions?

UPSTREAMLAB

upstreamlab.org

upstreamlab@smh.ca

@AndrewDPinto

@UpstreamLab

@UpstreamLabToronto

Upstream Lab

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Questions/Discussion

Please type questions into the Q&A panel and we will moderate them.

If you prefer, you may raise your hand and we'll call on you to ask your question aloud.

Thank you!

For follow-up questions:

LHS@AllianceON.org

info@poplarnetwork.ca