Foundations of Equity

Improving sociodemographic data collection and use

Rapid Action Learning Intensive (RALI)

Alliance for Healthier Communities
Advancing Health Equity in Ontario

Why Collect Sociodemographic Data?

Sociodemographic data collection is a crucial tool in identifying and addressing systemic inequities related to racism, discrimination, and income inequality. By gathering information on factors such as race, ethnicity, gender identity, sexual orientation, income, and other important demographic indicators, we can better understand the unique needs of different populations and tailor our services to address their specific needs.

Sociodemographic Data Collection at the Alliance

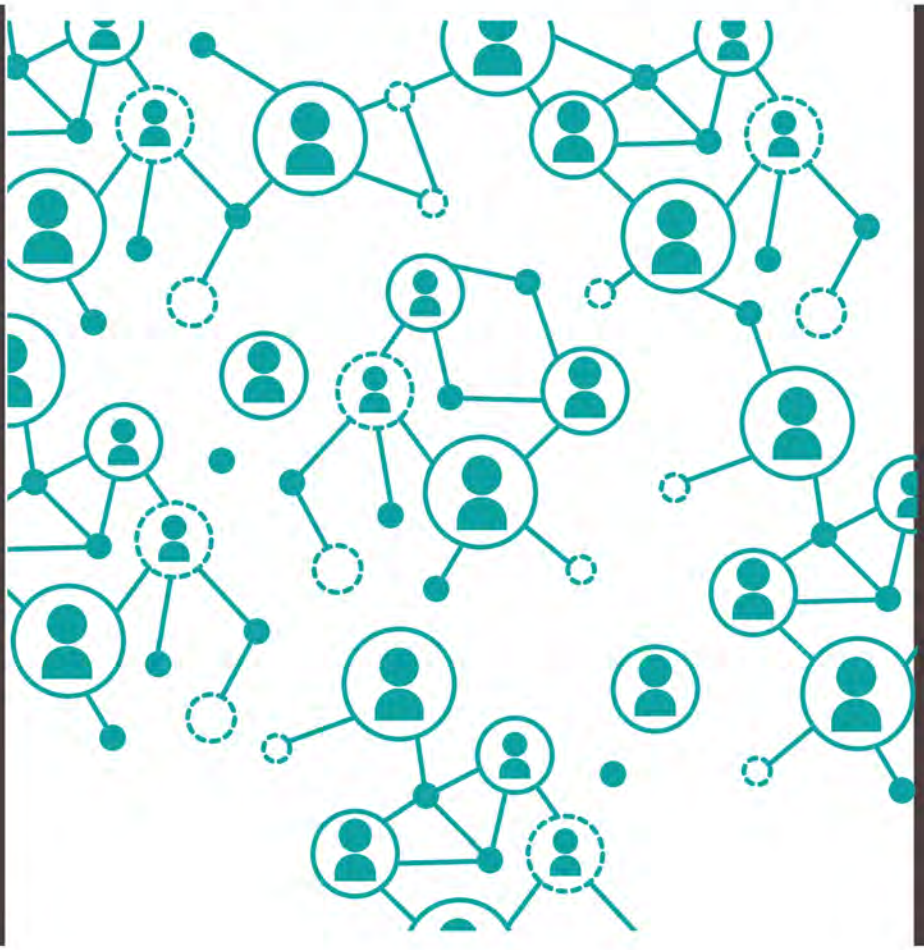
Collecting sociodemographic data is just one step in the larger process of promoting health equity. The ultimate goal is to use this information to advocate for and provide equitable care to all individuals, regardless of their background or identity.

The Executive Leaders of Alliance member organizations unanimously passed a resolution to improve the collection of sociodemographic data in our sector, with a goal of all member organizations achieving a 75% data completion rate by 2024.

To help reach this goal, a learning collaborative was offered to centres from May 2022 to April 2023, with 27 teams joining and many testing and implementing changes that led to improvement in their data completion rate.

The Foundations of Equity: Improving sociodemographic data collection and use learning collaborative helped teams improve the completeness, timeliness, and useability of their sociodemographic data. As a result centres are better able to understand the clients and populations they serve and to advance health equity in their communities.

Rapid Action and Learning Intensive (RALI)



The Rapid Action and Learning Intensive on sociodemographic data (RALI-SDD) is an initiative that aims to support centres to adapt, adopt and apply the learnings from the Foundations of Equity (FOE) learning collaborative. Given the unique nature of individual CHCs, their clients and their communities, expecting perfect replication of these learnings is not realistic. Therefore, RALI-SDD was designed to recognize the influence of this uniqueness while honouring the learnings of the learning collaborative teams.

The approach offered in RALI-SDD is based on work from the Change Foundation in the UK.

Chapter 1: Measurement

Measurement plays an important role in all improvement work as it helps us understand whether the changes we are making are leading to improvement.

Improving sociodemographic data collection is difficult to do without feedback to help us understand the impact of our changes. As such, each RALI participating team will run reports weekly for the following two indicators:

The outcome indicator

- The outcome indicator will be the percentage of clients that have complete data for 5 sociodemographic indicators (income, ethnicity, education, sexual orientation and gender identity). Percent completion rates for each of the 5 indicators will also be produced to help the team better understand what needs improvement.

The process measure

- The process measure will be the percentage of face-to-face clients seen in the week who have complete data for the same 5 sociodemographic indicators (income, ethnicity, education, sexual orientation and gender identify).

Key Learnings from the Foundations of Equity Learning collaborative

The learning collaborative taught us that:

1. It's all about process. Teams that focused on building a reliable process were able to increase their sociodemographic data collection rates.

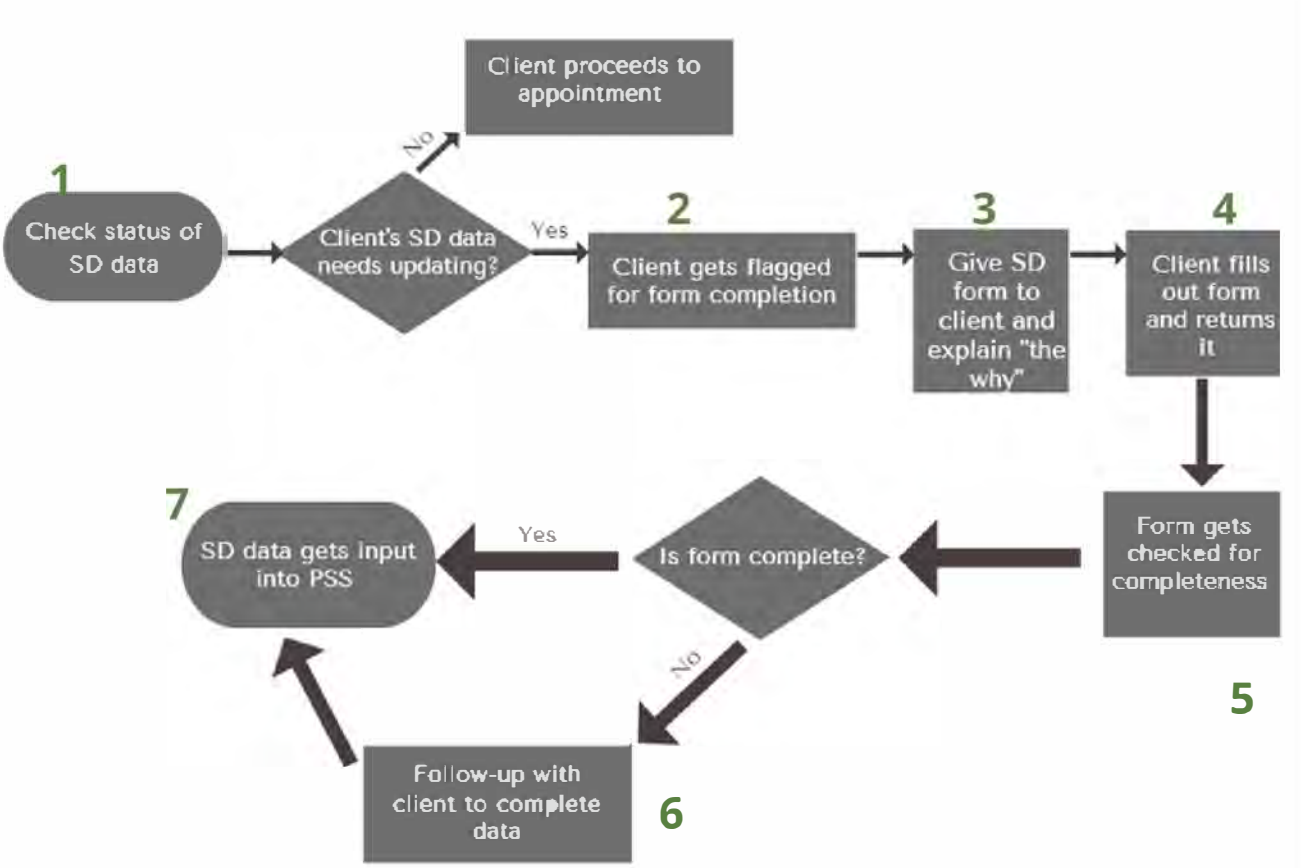
2. Training staff on why sociodemographic data is important may be necessary in some centres but is not sufficient to bring about improvement (without a reliable process).

3. Educating clients on why SD data is important is part of the process of SD data collection.

The RALI-SDD Intervention

An intervention is an intended change to existing practices or services that aims to produce improvement. For RALI-SDD, the intervention consists of making changes to the process of collecting sociodemographic data.

SD Data Collection for an Ongoing Primary Care Client coming in for a face-to-face appointment



YOUR NOTES:

The RALI-SDD Intervention

Making changes to the process of collecting SD data is a complex intervention. Complex interventions tend to have certain properties or characteristics that make implementing them difficult.

Complex interventions are:

1. Social – they are delivered by centre staff and are therefore influenced by the attitudes, behaviours, relationships and culture of those adopting the changes.
2. Context-sensitive – they are influenced by the organizational and wider context in which the change is to be implemented (i.e. the Executive Leader goal of reaching 75%).
3. Dynamic – the systems (the people, teams, organizations) that implement the change can learn and adapt and the contexts in which they are implemented can offer unexpected issues that require a response.

To be successful in making changes to the SD data collection process, we therefore need to take into account the social, contextual and dynamic nature of the intervention.

Having an adequately detailed description of an intervention's technical components is also critical for effective implementation. This is referred to as codification and also includes any supporting materials, aimed at enabling others to reproduce it. However, the complex nature of the intervention requires that the detailed description goes beyond the technical steps and includes navigating the social, contextual and dynamic forces.

Therefore, while we have taken the learnings from the learning collaborative and codified the technical steps that need to be taken to collect SD data, the unique elements and features of each CHC must be taken into account to achieve better SD data completion.

Tight vs. Loose

How do we balance the need for consistency in process while taking into account the unique features and elements of individual CHCs? We identify what needs to be "tight" in the process and what can be can "loose".

Tight

Tight components of SD data collection are the steps that must be done each and every time SD data are collected without any variation. For example, the current status of a client's SD data completion must be checked prior to a visit. If it is not, a form could be given to the client when they had already completed it last week. This results in wasted time for both staff and client and is not client-centred.

Loose

Loose components of the SD data collection process are the steps that can be customized to "fit" the unique environment of each centre. These are sometimes referred to as principled deviations. For example, one centre may have the reception staff hand out the form, while another centre might have providers hand out the form. It could also be on paper, or it could be digital.

YOUR NOTES

Some Definitions to Create Clarity of Purpose

Complete data – each of the five SD indicators (income, education, ethnicity, racial/ethnic group, sexual orientation, gender identity) is not blank – there is no missing data.

Usable data – data for which a category is chosen that can be used for stratification/analysis.

Unusable/unknown data – client has chosen "do not know", "undefined", "other", "refuse/prefer not to answer."

Up-to-date data – the Evaluation Framework states that sociodemographic data should be updated every 3 years.

You will need to decide what you are aiming for – your current status will guide you. (Keep in mind the process measure of the number of clients with a face to face encounter during the week).

YOUR NOTES:

1 Checking the SD data completion status

The status of whether the SD data are up to date and complete for all clients with an appointment must be checked prior to the appointment. This is a tight step in the process.

Why is this step tight?

Without checking the status, there is no way to know whether the client's SD data are up to date or not. If the data collection process is not initiated and the data are not up to date, an opportunity to update the data will be lost and no improvement will be made. If the SD data collection process is initiated and the client is up to date, resources will be wasted and client-centered principles will not be followed.

What is loose when checking the status?

There are 2 ways in which step 1 can be loose:

1. When the status check is done
2. Who checks the status

When will the status be checked at your centre?

Who will check the status?

2 Flagging the client as needing their SD data updated

Clients identified in the status check step as needing their data updated must be flagged for the process to continue. This is a "tight" step in the process.

Why is this step tight?

There must be communication (not necessarily verbal) that the client needs SD data completion or those responsible for later steps will be unaware to carry out the steps.

What is loose when flagging a client as needing their SD updated?

There is 1 way in which step 2 can be loose:

1. How communication of those needing their data updated is done

How will you communicate that a client needs their SD data updated so the the process will be continued?

3 Client is given SD form and "the Why" of completing the form is provided

Clients who were flagged in step 2 as needing their SD data updated are given the SD form and "the why" is explained.

Why is this step tight?

The client must receive the form to be able to complete it. Explaining the "why" of collecting the SD data will increase the response rate and decrease client concerns.

What is loose when giving out the form and sharing the "why"?

There are 4 ways in which step 3 can be loose:

1. Who gives the form to the client
2. What format the form is in (electronic or paper)
3. The order/layout of the questions on the form
4. How the why is shared with the client

Who will give the form to the client?

What is the format of the form (electronic, tablets or paper)?

What is the order/layout of the questions on the form?

Who will you share "the why" with the client and how (i.e. use a script)?

4 The client fills out the SD form

The client needs to fill out the form.

Why is this step tight?

There is no data if the client does not complete the form.

What is loose while the client is filling out the form?

There are 4 ways that step 4 can be loose regardless of whether tablets or paper are used:

1. The location the client completes the form
2. Whether the client experiences any barriers (e.g., language, eyesight) and how they are accommodated
3. Who the client goes to if they have questions
4. Where/who the client returns the form to

Where will the client complete the form?

Does the client experience any barriers (i.e. language, eyesight) and how will they be accommodated?

Who does the client go to if they have questions?

Where/who does the client return the form to?

5 The form gets checked for completeness

The returned form is checked for completeness.

Why is this step tight?

If the form has missing information, this may create a gap in fully understanding who the client is and in addressing their needs.

What is loose when checking the form?

There are 2 ways the checking step can be loose:

1. Who checks the form for completeness and usability
2. When the form is checked for completeness (e.g., immediately upon form being returned, within a certain time frame, at the time of input/closing form)

Who will check the form for completeness?

When will the form be checked for completeness (immediately upon form being returned, within a certain time limit i.e. one week, at the time of input/closing form?

6 Follow-up

If in step 5, it is found that the from is missing information, follow-up is required to complete the form.

Why is this step tight?

To complete the information, the client will need to be contacted.

What is loose when following up on incomplete data?

There are 3 ways the follow-up step can be loose:

1. Who will do the follow-up
2. When the follow-up is done (e.g., immediately, within 1 week, at next appointment)
3. How the follow-up is done (e.g., phone, email, in person)

Who will do the follow-up?

When will the follow-up be done?

How will the follow-up be done (phone, email, in person)?

7 Ensuring the data gets into the EMR

The client responses must be put into the EMR. All encounters must be closed by someone before the data are actually populated.

If the questions have been completed on a paper questionnaire, the data must be input into the chart.

Why is this step tight?

Unless the data are inputted into the EMR, there are no data.

What is loose when ensuring the data gets into the EMR?

There are 2 ways this final step can be loose:

1. If the team is using OCEAN, they need to identify who will finish the chart.
2. If the team is using paper, they will need to identify who is inputting the data into the EMR.

For those using OCEAN, who will be responsible for inputting the data? For those using paper, who will be responsible for inputting the data into the chart?

For those using OCEAN, who will be responsible for "finishing" the chart?


"We all should know
that diversity makes
for a rich tapestry, and
we must understand
that all the threads of
the tapestry are equal
in value no matter
what their color."
-
Maya Angelou