Board's Role in Improving Data Collection and Use

June 6, 2024

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Agenda

- Sociodemographic data collection & use among Alliance members
- Resources and support available
- Q&A
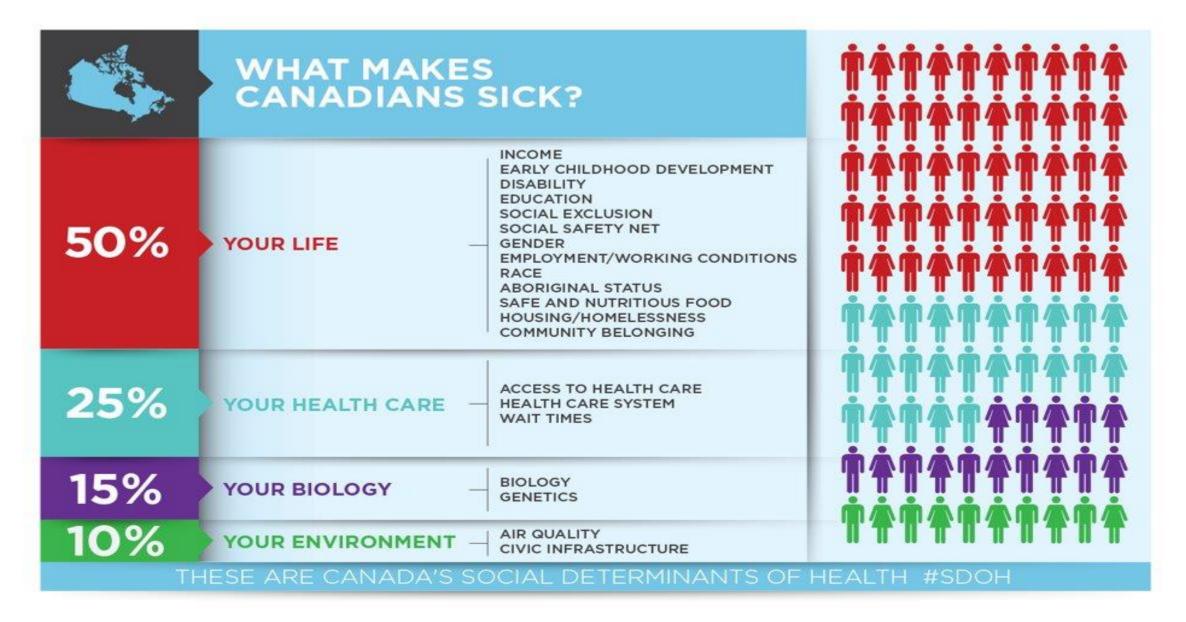- Small group discussions and report back
- Wrap-up

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Shining light on inequities

"History never really says goodbye. History says, see you later."

Eduardo Galeano

Determinants of Health and Wellbeing

WHAT MAKES CANADIANS SICK?

50% YOUR LIFE
- INCOME
- EARLY CHILDHOOD DEVELOPMENT
- DISABILITY
- EDUCATION
- SOCIAL EXCLUSION
- SOCIAL SAFETY NET
- GENDER
- EMPLOYMENT/WORKING CONDITIONS
- RACE
- ABORIGINAL STATUS
- SAFE AND NUTRITIOUS FOOD
- HOUSING/HOMELESSNESS
- COMMUNITY BELONGING

25% YOUR HEALTH CARE
- ACCESS TO HEALTH CARE
- HEALTH CARE SYSTEM
- WAIT TIMES

15% YOUR BIOLOGY
- BIOLOGY
- GENETICS

10% YOUR ENVIRONMENT
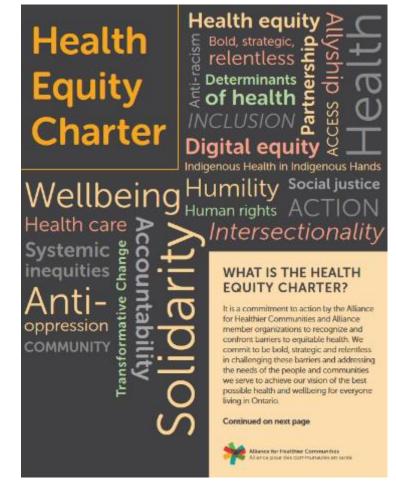- AIR QUALITY
- CIVIC INFRASTRUCTURE

THESE ARE CANADA'S SOCIAL DETERMINANTS OF HEALTH #SDOH

The sector has long been committed to equity

A commitment to action by the Alliance for Healthier Communities and Alliance members to recognize and confront barriers to equitable health

"We commit ourselves to reducing health inequities by improving our own practices & challenging other institutions & the broader community"

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Our roots...developing programming to advance health equity
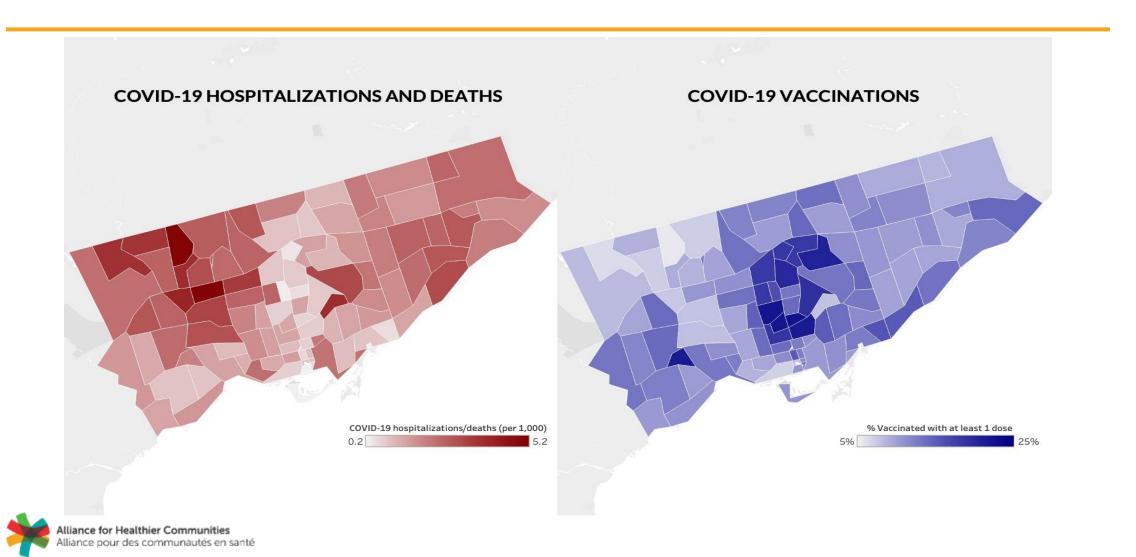
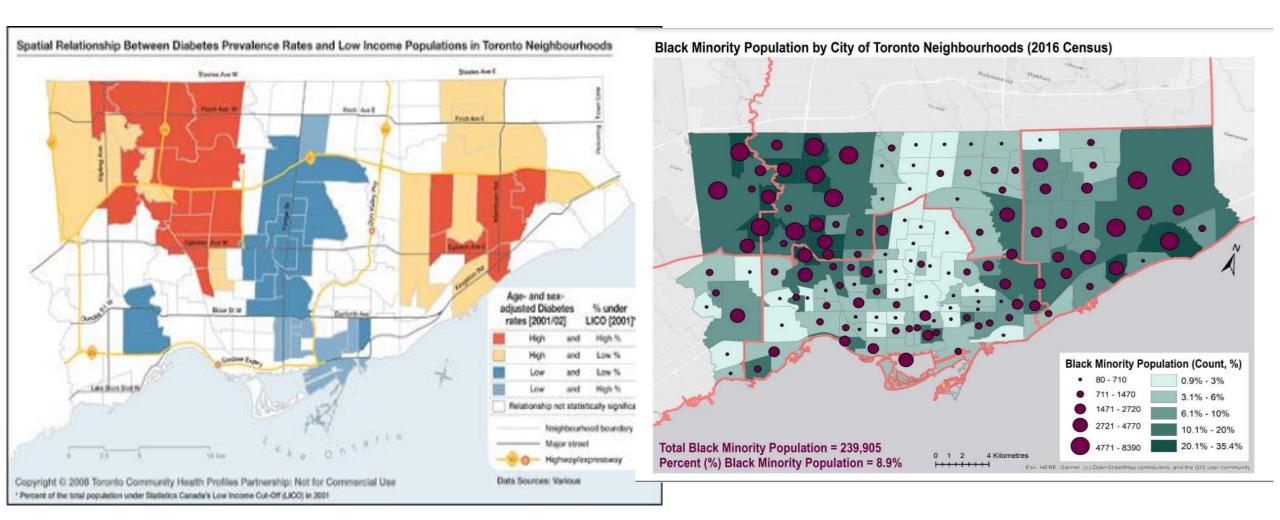# Equity is integrated into the Model of Health and Wellbeing

- [Shared model of care](#)

- Common [Evaluation Framework](#) that includes:
  - Data Standards
    - Socio-demographic data
    - Individual level encounter data
    - Group activities related to increasing education/knowledge awareness
    - Community development initiatives
  - Indicators to demonstrate performance
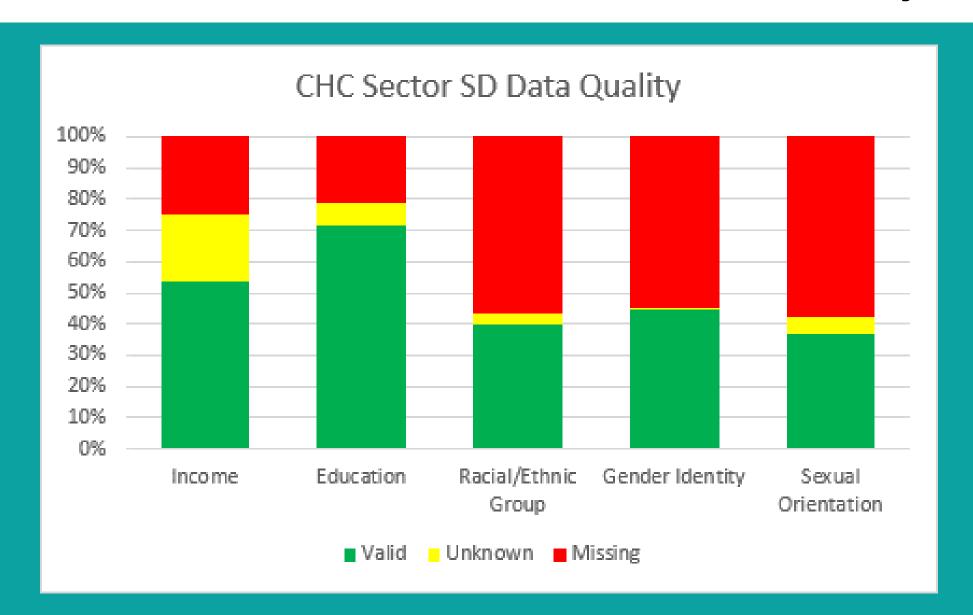
COVID demonstrated where you live matters…

COVID-19 HOSPITALIZATIONS AND DEATHS

COVID-19 hospitalizations/deaths (per 1,000)
0.2 — 5.2

COVID-19 VACCINATIONS

% Vaccinated with at least 1 dose
5% — 25%

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And always has…

Spatial Relationship Between Diabetes Prevalence Rates and Low Income Populations in Toronto Neighbourhoods

Black Minority Population by City of Toronto Neighbourhoods (2016 Census)

Our data demonstrated we are not there yet

CHC Sector SD Data Quality

Legend: Valid (green), Unknown (yellow), Missing (red)

Categories: Income, Education, Racial/Ethnic Group, Gender Identity, Sexual Orientation

Action 1: Making a Commitment to Collect Usable SD Data

Policy Resolution #4: Commitment to Data Collection (June 2020 AGM)

GOAL - 75% SD completion rate 2024

Action 2: Study on Sociodemographic Data Collection in CHCs

- Purpose: to examine barriers & facilitators to data collection & use

- 8 sites participated (mix of rural, urban, northern, francophone and model types)

- Interviewed CEOs and managers, admin, providers, board members

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What we learned...

- For most centres, data collection was largely seen as work required by others (e.g., Ministry, funding agencies, and the Alliance)

- But **Boards and CEOs wanted to:**
  - Use this data for project planning, quality improvement and evaluation
  - Know whether programs and services were meeting the needs of <u>all</u> clients in an equal way
  - Know whether certain groups were not <u>accessing</u> services and/or experiencing worse outcomes than others

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We also learned…

Staff:

- Were largely unaware of what their current completion rate was
- Understood that it was important to collect this data BUT thought the data was mostly for reporting and obtaining funding
- Wanted examples of how this data was actually used to improve care for clients

Board members:

- Wanted greater awareness about their Centre's performance
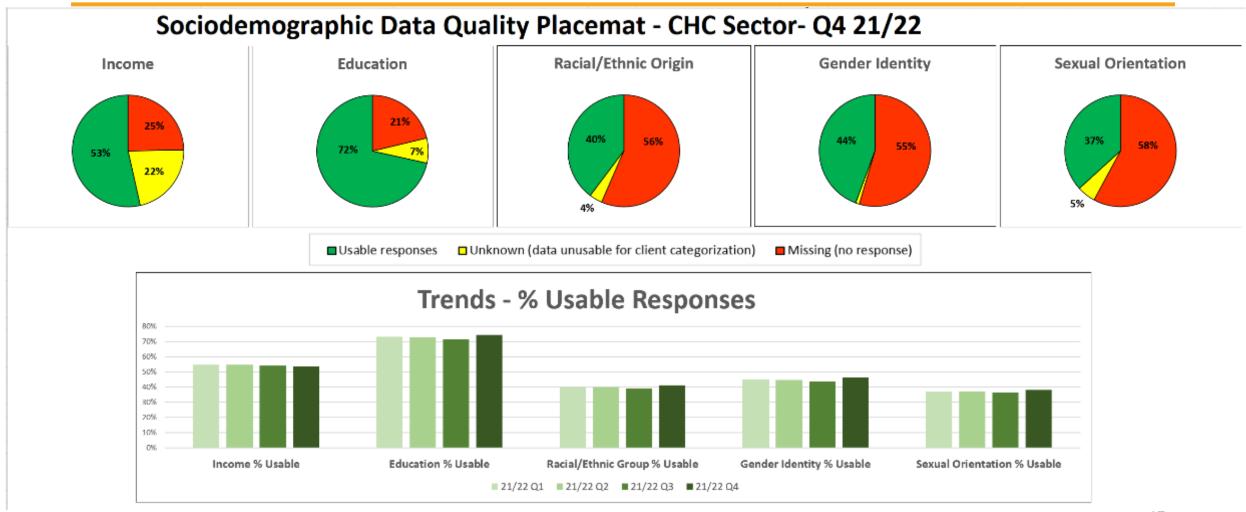- Wanted to better understand obstacles and challenges to collecting this data

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Summary and Key Findings from the Study

1. Information about performance on sociodemographic data collection and use needs to be more clearly communicated

2. Need reliable processes for collecting the data

3. Need to use sociodemographic data beyond reporting purposes
   - Program planning and service decisions
   - Quality Improvement and tailored service delivery
   - Health equity and health outcomes

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Action 3: Created Tailored Feedback for all Centres – The SD Placemat

Sociodemographic Data Quality Placemat - CHC Sector- Q4 21/22

Income
- 53%
- 25%
- 22%

Education
- 72%
- 21%
- 7%

Racial/Ethnic Origin
- 40%
- 56%
- 4%

Gender Identity
- 44%
- 55%

Sexual Orientation
- 37%
- 58%
- 5%

Legend:
- Usable responses
- Unknown (data unusable for client categorization)
- Missing (no response)

Trends - % Usable Responses

Income % Usable | Education % Usable | Racial/Ethnic Group % Usable | Gender Identity % Usable | Sexual Orientation % Usable

- 21/22 Q1
- 21/22 Q2
- 21/22 Q3
- 21/22 Q4

Action 4: Build a Resource Package to Support Improvement

- Study: Sociodemographic data collection and use in Ontario CHCs
- Resource package:
  - Updated script and plain language glossary
  - Sample client brochure
  - Data collection guide
  - Workflow diagram
  - Staff training presentation
  - Case studies
  - Resources and tools: "We ask because we care" initiative
  - EMR specific resources

Access: [Sociodemographic Data Toolkit | Alliance for Healthier Communities (allianceon.org)](allianceon.org) (available in English & French)

Learning Collaborative Improvement Journey
27 Teams Participated

Use System Diagnostics

Use system diagnostic tools (e.g., process map, fishbone, 5 Whys) to identify and understand the root cause(s) of the problem

Generate Change Ideas

Identify many change ideas to address the root cause(s) of the problem

Create Aim and Establish Measures

Specify a SMART aim and identify a family of measures (outcome, process and balancing measures)

Test Change Idea(s)

Test each change idea using the Plan, Do, Study, Act (PDSA) cycle. Ensure there is a prediction in the plan phase

Get Started

Create a QI team, organize and schedule meetings, begin to gather data, assess centre's readiness for change, engage with your QI coach

Implement, Sustain and Spread

Assess how your context will impact implementation (i.e. identify barriers and facilitators for implementation), formalize changes (i.e. standardize procedures), continue to measure to check for slippage, share your learnings.

03

04

02

05

01

06

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act Plan
Study Do

To change, we need to stop, reflect, think and make time to change

"Here is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it."

Winnie the Pooh

Some root causes

- Language is a barrier at reception
- Questions are asked during first visit for some clients but that does not "fit" for health promotion
- Clients are more comfortable answering when providers ask
- Providers don't think they have time for this in an encounter
- We are not giving "the why" to clients
- Secretaries not aware of the TC LHIN supports
- No process for follow-up if some data is missing
- Orientation package is sent via email (missing a lot of clients)
- Staff not clear on whose task this is

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Rapid Action Learning Intensive (RALI-SDD)

- Initiative that aims to support centres to adopt, adapt, and apply the learnings from the Foundations of Equity Learning Collaborative

- Self-directed workbook with a series of easily operationalized steps to follow to improve sociodemographic data collection rates.

- Learning modules, workbook, tools and QI coaching

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Key Considerations for Using Data to Advance Health Equity

- It is not necessary for everyone to have advanced analysis skills

- More important is having the right organizational commitment, capacity and culture and the right 'analytical framework' to produce, make sense of, and use data related to health equity/inequity

- Learning to approach data with curiosity: ask questions do not make assumptions

Next Steps: Your Role in Advancing Health Equity

- Is equity data available or have the data been stratified?
- Who is missing from the average in this report (what was the range, median, etc.,)
- Do the data ring true to our knowledge of the community → context
- 80/20 rule → who is missing in that 20%
- Questions are powerful. Ask questions that require the collection & analysis of sociodemographic data → Are our vulnerable populations achieving the same outcomes as other clients?
- How is the community involved to help understand inequities and barriers to access or achieving better outcomes?
- Use SD data to make decisions
- Leaders send messages all the time. Ensure your messages support SD collection and analysis
- Celebrate the work that the centres are doing

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Questions? Comments?

Discussion/Reflection Activity

Small Group Discussion (20 minutes)

1. Is there a required socio-demographic and race-based data report for your Board? If yes, how do you use the report to inform your work? If no, how are you planning to introduce it?
2. What role can your Board play in stewarding data collection? How can you use the resources presented today to help improve data collection and use in your organization?
3. What learnings and questions are you planning to bring back to your Board after today's meeting?
4. How can the Alliance further support you in this work?

REPORT BACK

(10 minutes)

Thank you!

jennifer.rayner@allianceon.org

Additional tools & resources

Alliance Supports for Health Equity Data Collection

- All supports and materials related to the collection of Health Equity data can be found on the Alliance website

- To sign up for RALI please reach out to QI@allianceon.org and we will be happy to meet with you. QI coaches are available to support you at all points on your journey.

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- **Health Equity Charter endorsements**:
  - Please send a motion from a Board meeting to endorse the Health Equity Charter to Gabriela Panciu at gabriela.panciu@allianceon.org
  - Health Equity Charter 101 webinar: English/French

Governing for Health Equity Training

- The training includes five (5) modules:
  - Module 1 Part I: Growing a Culture of Equity Leadership
  - Module 1 Part II: Growing a Culture of Equity Leadership
  - Module 2: Focus on Equity Governance Roles
  - Module 3: Focus on Community-centred Governance
  - Module 4: Focus on Board Membership and Authentic Engagement

Governing for Health Equity
Framework for Boards of Community-Centred Health and Social Services Organizations

Governing for Health Equity Training

- Governing for Health Equity Tool Book includes:
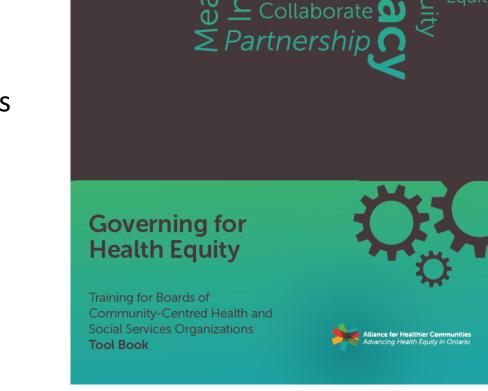
  Learning objectives

  Board Reflection Exercises

  Additional resources, sample policies and templates

  Core concepts

  G4HE Framework

2SLGBTQ+ Health Equity Plan *Equity*
Leadership Policy
Anti-racism Meaningful Inclusion Bias and Privilege Cultural Humility Advocacy Gender Equity Racial Equity
BOARD CAPACITY Health Equity
Collaborate
Partnership

Governing for Health Equity

Training for Boards of Community-Centred Health and Social Services Organizations
Tool Book

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Advancing Health Equity in Ontario

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Self-Assessment Tool

- Health Equity Charter resolution in November 2020: Alliance members committed to reviewing their progress putting Health Equity Charter into action on an annual basis.

- Help assess health equity work, identify strengths and challenges, develop key actions

- Short report outlining key successes, priority actions and additional supports required

- Available in English and French (portal access required)

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