Driving Forward:

The "HOW" and "WHY" of continually advancing sociodemographic data collection in your organization

October 2, 2024

12:00 – 1:00 pm

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Acknowledgement of Traditional Indigenous Territories

We recognize that the work of the Alliance for Healthier Communities and our members takes place across what is now called Ontario, on traditional territories of Indigenous people who 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.

Housekeeping
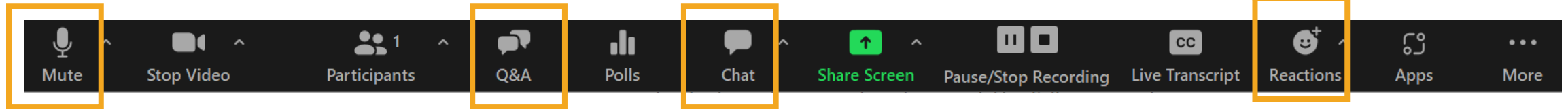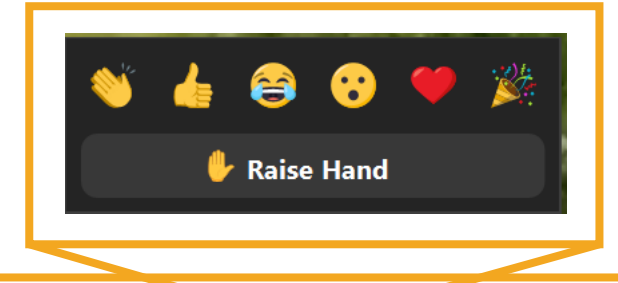
- Microphones are muted by default.
- You may enter questions through the Q&A panel at any time.
- Please use the "chat" function for technical assistance.
- During Q&A, you may use the "raise hand" function (under "reactions"), and we'll unmute you when we call on you.
- Please don't forget to mute your microphone again when you're done speaking.

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Today's Presenters and Quality Improvement Coaches

Stéphanie Lamothe
*Responsable de l'amélioration de la qualité
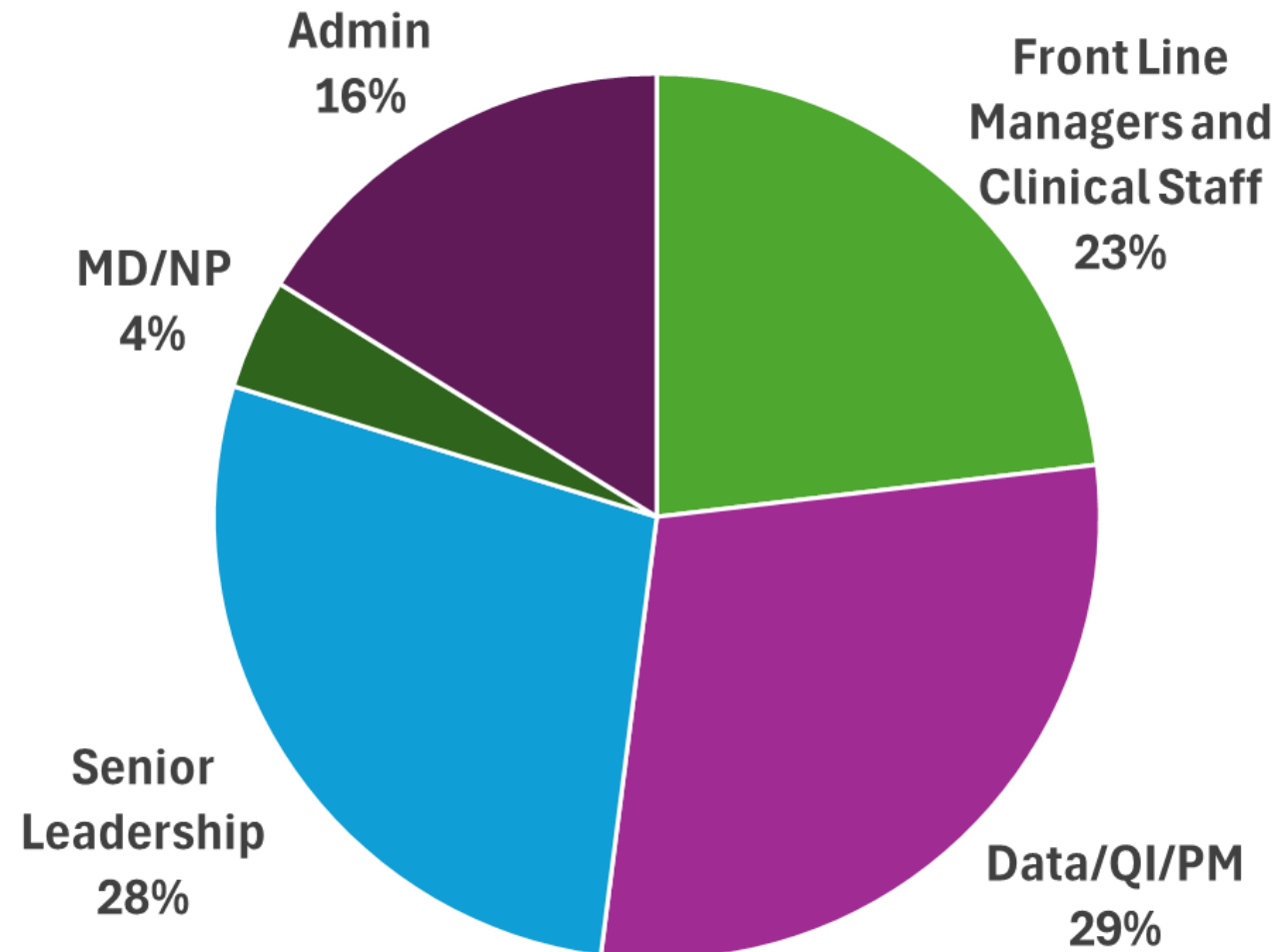& de la performance (QIPL)*

Catherine Wade
*Quality Improvement & Performance
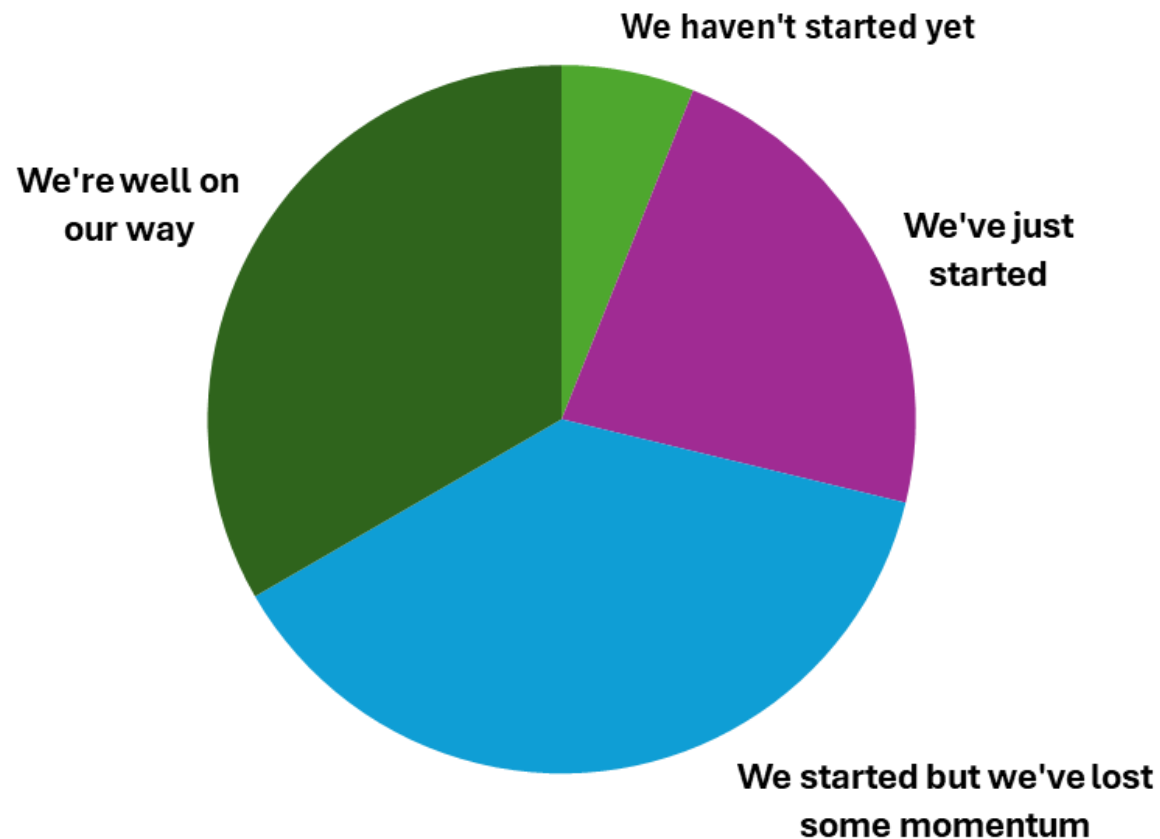Lead (QIPL)*

Agenda/Scope of today

- Who is here & where you are at in your SDD collection journey
- The "WHY" of collecting SDD
- The "HOW" of collecting SDD
- Tips & Tricks of collecting SDD
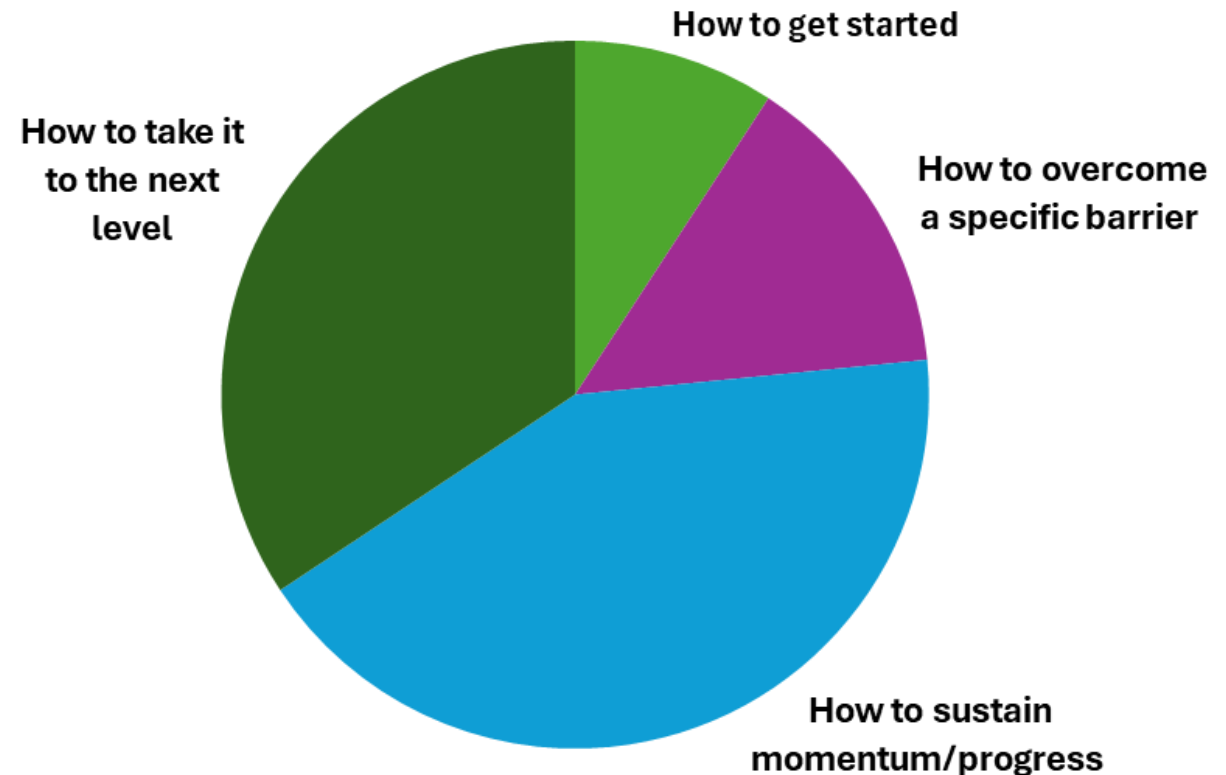- Q&A period

Who is here today

What we heard from you

Where we are along the journey

We haven't started yet

We're well on our way

We've just started

We started but we've lost some momentum

Your main learning goals

How to get started

How to take it to the next level

How to overcome a specific barrier

How to sustain momentum/progress

The "WHY" of collecting Sociodemographic Data

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An equity-focused question answered with SDD
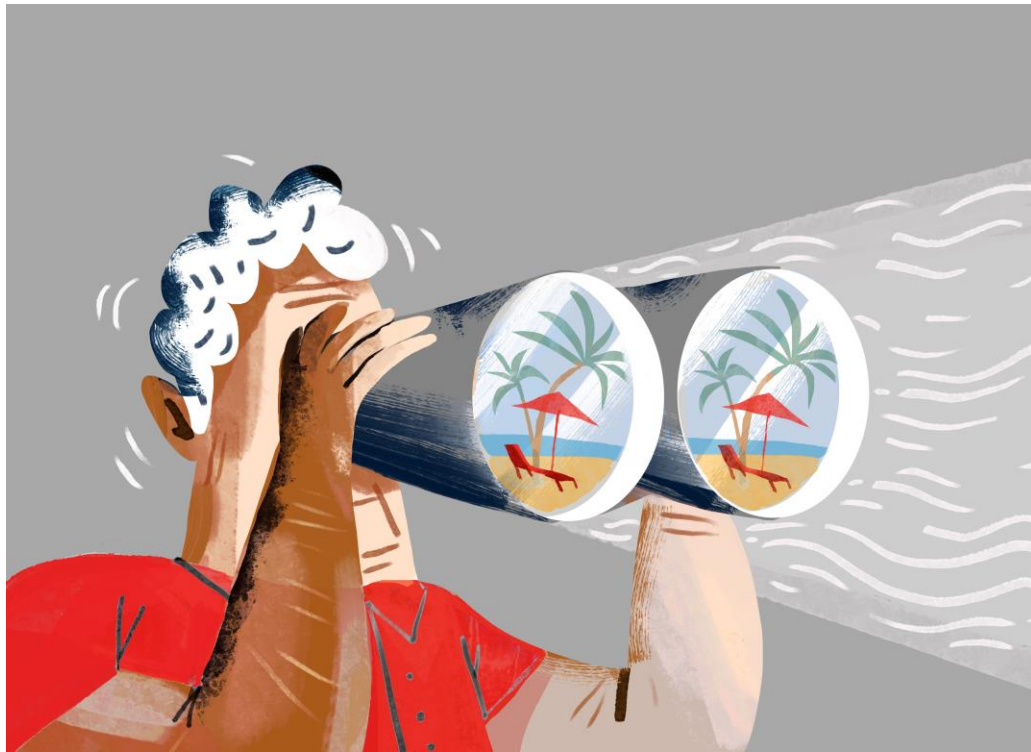
We have noticed quite a few new clients with diabetes who speak Spanish.

Can we determine the prevalence of diabetes among the Spanish-speaking clients we have seen? We are thinking that a Spanish-speaking peer-led education group would be really beneficial.

Can we also determine what proportion of this group have ever seen a dietitian?

Answer: in the last year we have seen 257 Spanish-speaking clients with diabetes (so this is increasing compared to previous years).

The bulk of these people are over 65 (49%), are at a elementary education level and many of these individuals are living in poverty (<$19,999).

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A Commitment to Equity = A Commitment to Usable SD Data

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

GOAL - 75% SD data completion rate across five selected indicators by December 31st, 2024

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We've made progress but we still have work to do

The "HOW" of
collecting Sociodemographic Data

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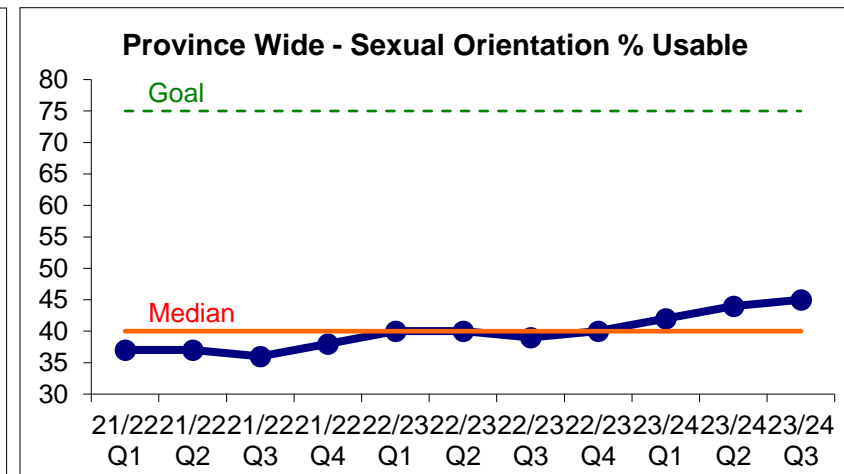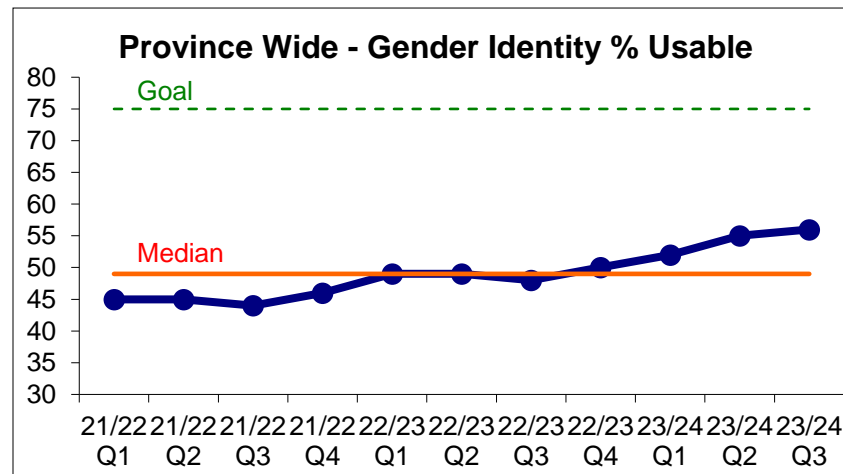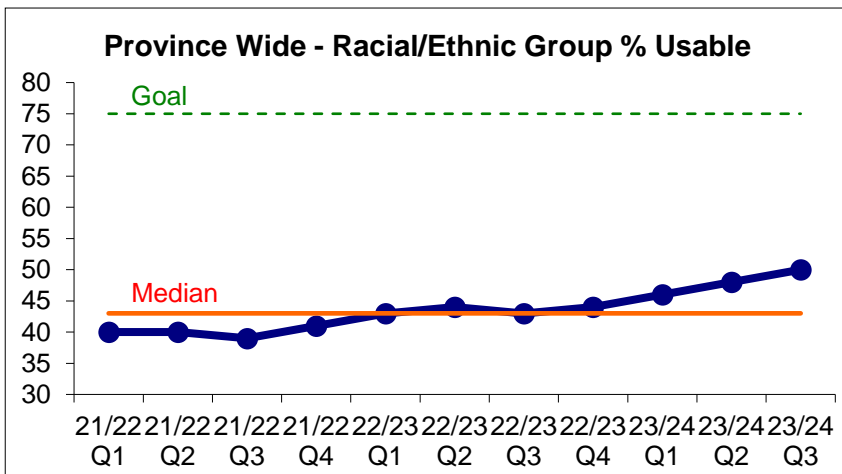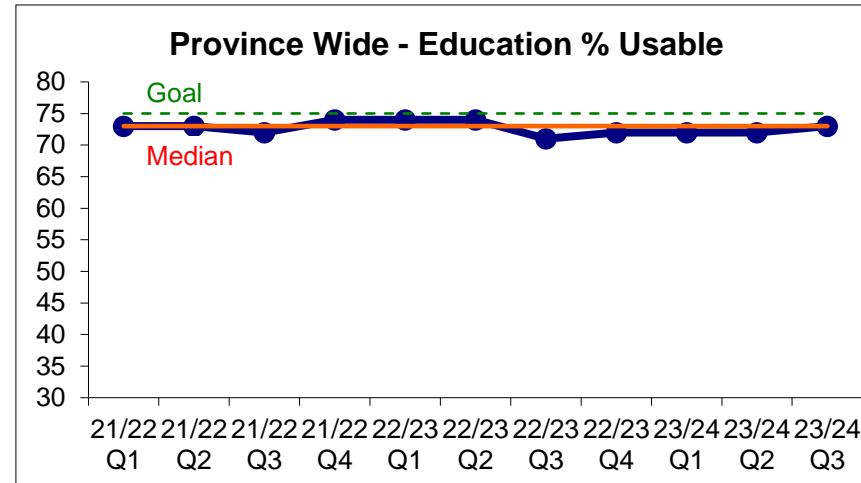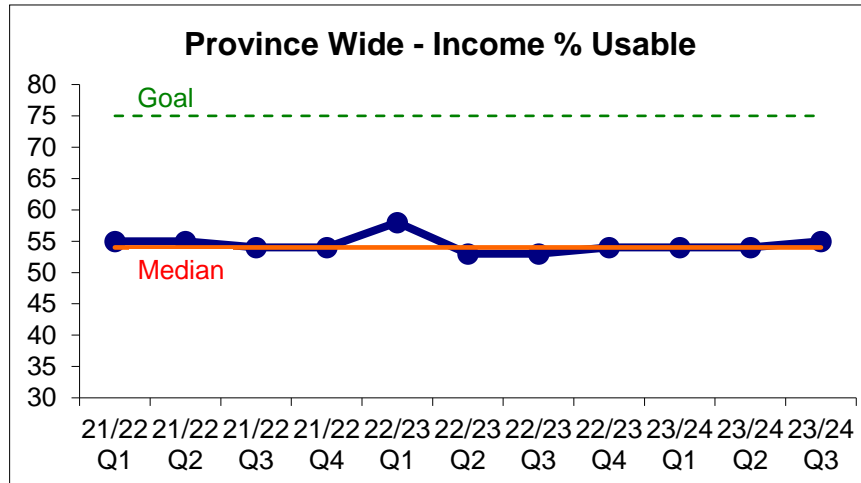
Lessons learned from the Learning Collaborative teams

1. **Teams that focused on building a reliable process were able to increase their sociodemographic data collection rates**

2. Training staff on "the why" of sociodemographic data is important and may be necessary at some centres but it is not sufficient to bring about improvement

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

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The 7-Step Process

1 Check status of client's SDD (Go to step 2 only if needs updating)

2 Communicate that the client needs SDD completion

3 SDD form is given/sent to client and "The Why" is explained

4 SDD Form is completed and returned (paper or electronic)

5 Form is checked for completion

6 Follow-up is done to complete data (Only if form is not complete)

7 SDD is input into PSS (or marked as complete if using OCEAN)

tight

loose

RALI-SDD Intervention:
The Codified 7-Step Process

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Advancing Health Equity in Ontario
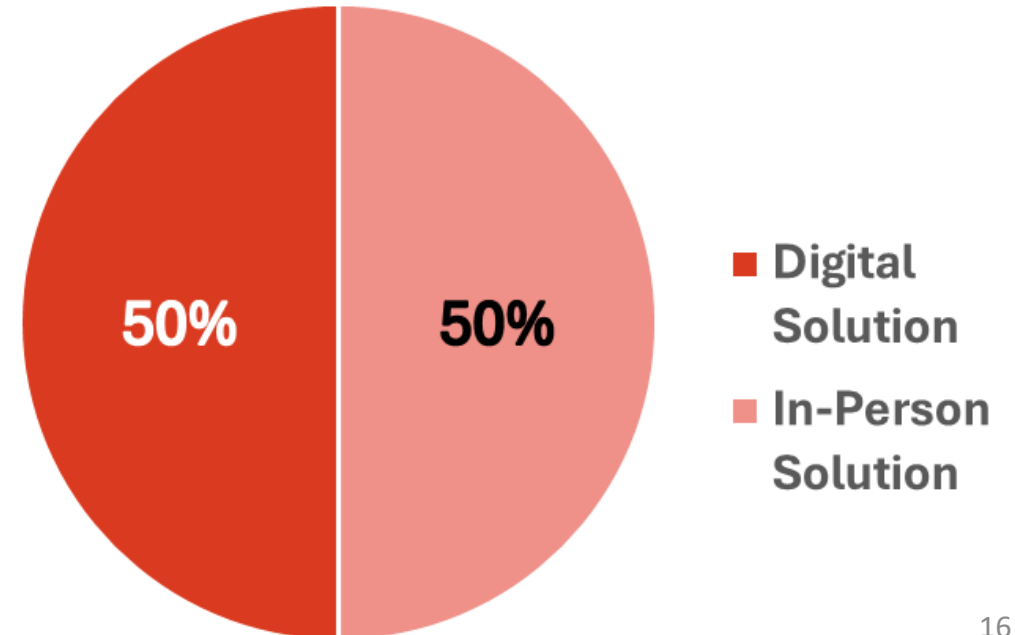
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Step 4: SDD form is completed

What is tight?

4

The SDD form
is completed
& returned

What is loose?

Preferred solution for SDD form completion

50% — Digital Solution

50% — In-Person Solution

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The RALI-SDD Self-Directed Process

Module 1: Getting Started
- What is RALI
- Identify team
- Create an aim
- Process Mapping

Module 2: The 7-step Process
- Codification
- 7 step process
- Tight / Loose elements

Module 3: Testing the process
Carry out the Plan, Do, Study, Act cycle on your "loose" elements to learn how best to execute the idea

Module 4: Implement
Assessing Barriers and Facilitators to Implementation
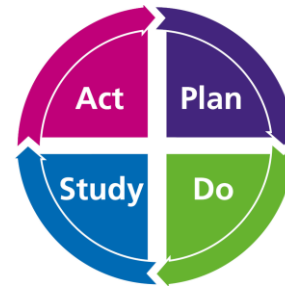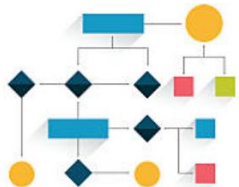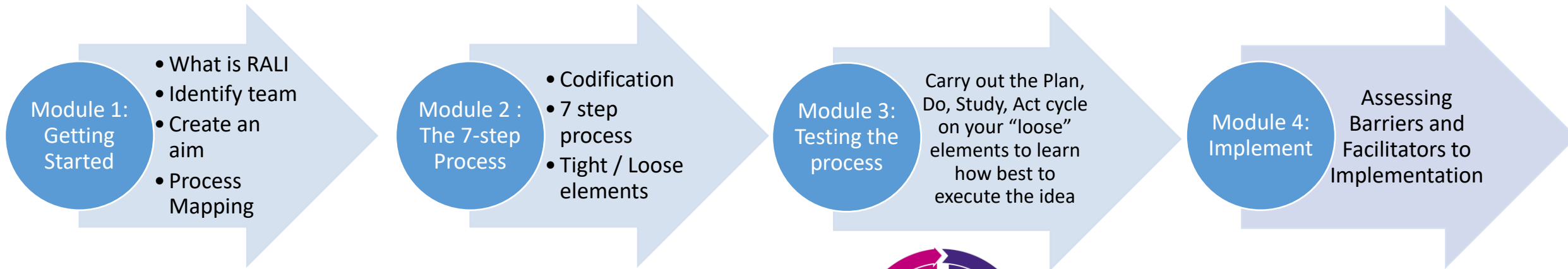
Coaching and data supports available by request:
QI@allianceon.org

The RALI-SDD Supports

- Video recordings

- Fillable workbook to support your work
  - Can be used as a stand alone document or when listening to the recordings
  - Contains links to resources

- QI tools

- QI coaching

- Le guide, les outils & du support en AQ sont aussi disponibles en Français

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Tips & Tricks

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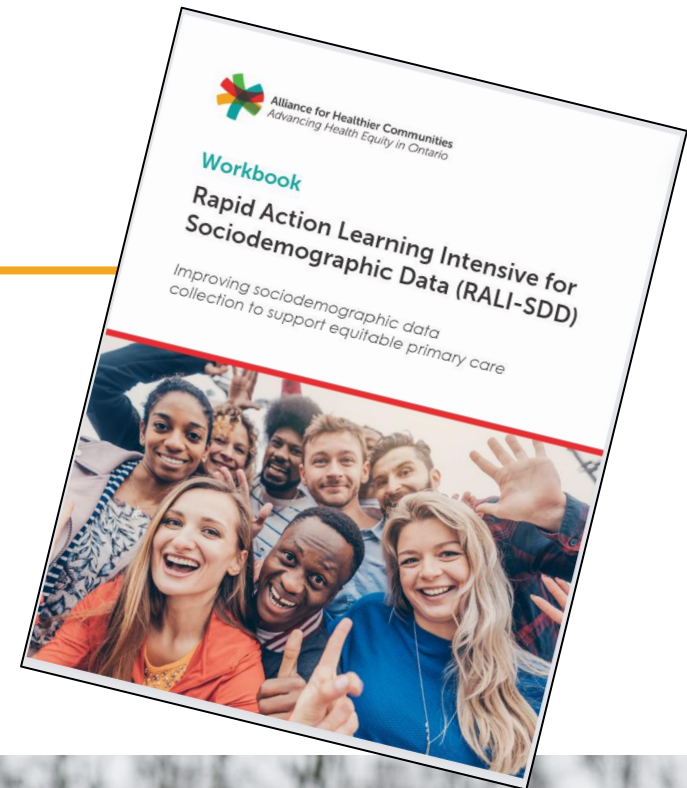
WHY have we lost momentum?

Client hesitancy

Change ideas + root cause questions

- Make the "**WHY**" visible to clients in wait room, on social platforms & website

- Consider a change to a loose element in your SDD collection process
  - WHO/WHAT/WHEN/HOW?

- Ask clients & staff for feedback & bring it back to you team
  - Involve those who "touch" the process

REMEMBER:

Educating clients on WHY SD data is important is *part of the reliable process* of SD data collection

WHY have we lost momentum?

Staff hesitancy

Change ideas + root cause questions

- Education (but isn't the only tool)
- Provide scripts to follow
- Work with SDD team champion
- Prioritize on strategic plan
- Review SDD collection & completion rates at staff-level & make the data visible to entire team
- Game-ify & celebrate small wins!

WHY have we lost momentum?

Staff member left

Change ideas + root cause questions

- What needs to be done?
- Do you have a plan for coverage?
- Is your SDD collection process part of the orientation package for the incoming staff?

- Have a team champion walk the new staff through the "**WHY**", the process steps & various scenarios

WHY have we lost momentum?

Lost motivation

Change ideas + root cause questions

- What has changed in your environment?

- Have periodic check-ins stopped?

- Is collecting SDD *still* a priority?

- Game-ify your current process to reignite the excitement & momentum

WHY have we lost momentum?

Process-related challenges

Volume of questions

Change ideas + root cause questions

- Work together as a team to re-evaluate your process
  - *RALI-SDD is a tool for you!*
- Start small if needed & test other change ideas
- Talk to your peers & get feedback
- Reach out for coaching support

Former Extended Demographics Custom Form	New Health Equity Questionnaire (HEQ)
one response per category	multiple response categories
gender identities & sexuality inadequately captured; distinction between gender & sexuality is left unclear	updated for clarity & inclusiveness & to reflect current terminology around gender identity & sexuality
very few questions resulted in actionable steps	several optional questions about economic & social needs have been added

Taking it to the next level

- Small group vs spread to multiple/all sites

- Regular feedback/check-ins

- Are you using data at your meetings?
  - Run charts are extremely motivating

- Leadership support & organization-wide priority

- Consider the loose elements

Sustaining your momentum & successes

- Continue with periodic check-ins with your team & use your data to help guide the frequency

- Celebrate the small wins!

- Reach out to us for coaching support

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Imagine the opportunities:

If you have a high completion rate of SD data, & you can slice & dice your data any way you'd like, what will you ask of your data?

REMEMBER:

You are not alone

We are stronger together

We are here to support you

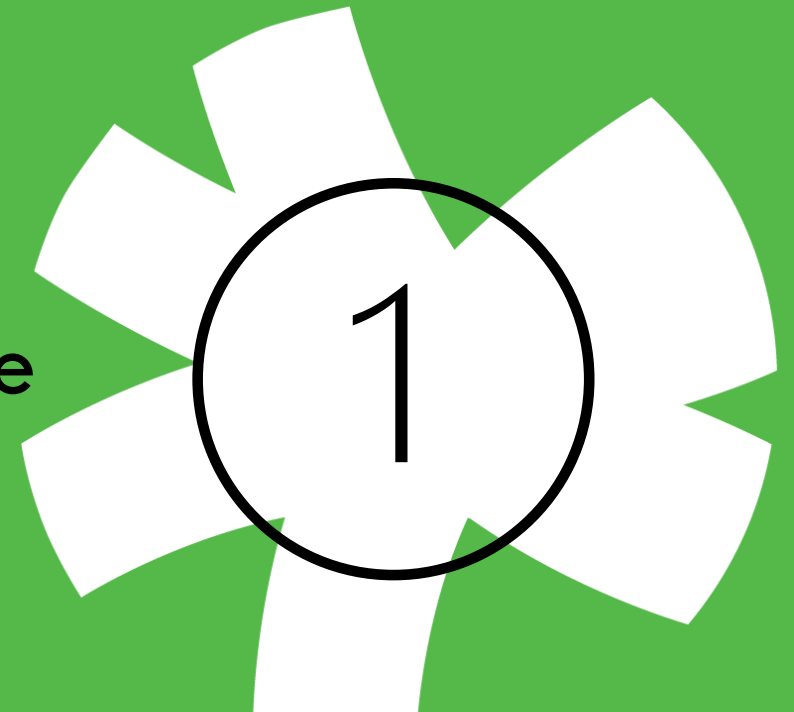# Miigwetch! Merci! Thank you!

QI@allianceon.org

Spreading the learnings is hard

- Many examples where initially successful interventions are spread to new settings and they fail to have the same impact or any impact at all

- Interventions have characteristics that make them difficult to implement:
  - ✓ **Social** – they are delivered by centre staff - influenced by the attitudes, behaviours, relationships and culture
  - ✓ **Context-sensitive** – influenced by the organizational and wider context (i.e. the Executive Leader goal of reaching 75% data completion)
  - ✓ **Dynamic** – the systems (the people, teams, processes, place) can learn and adapt and the contexts can offer unexpected issues

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The use of "ones"

Start with a SMALL test of change

- ☐ One colleague or volunteer
- ☐ One client
- ☐ One morning
- ☐ One day
- ☐ One physician or NP panel/practice

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Where we are along the journey + Your main learning goals

6%
23%
33%
38%

■ We haven't started yet

■ We've just started

9%
14%
35%
42%

■ How to get started

■ How to overcome a specific barrier

■ How to sustain momentum/progress

■ How to take it to the next level

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