

Learning Essentials for Advancing Health Equity
Module Two, Part Two: ***Building Operational Capacity for Using Equity Data***



BUILDING CAPACITY FOR EQUITY-INFORMED PLANNING AND EVALUATION



Health Equity Project Leader
*Access Alliance Multicultural Health and
Community Services*



Association of Ontario Health Centres
Community-governed primary health care
Association des centres de santé de l'Ontario
Soins de santé primaires gérés par la communauté



**Health Equity Project Capacity Building
Partner**



Rideau Community
Health Services



Association of Ontario Health Centres



Health Equity Project Champions
*Chigamik, Planned Parenthood; North
Lambton; Rideau; Somerset West;
Témiskaming; and Women's Health in
Women's Hands Community Health Centres*



Centre de santé
communautaire
du Témiskaming



Funder: Ministry of Citizenship and Immigration



Centre de santé communautaire
CHIGAMIK
Community Health Centre

La place du peuple – The Peoples' Place

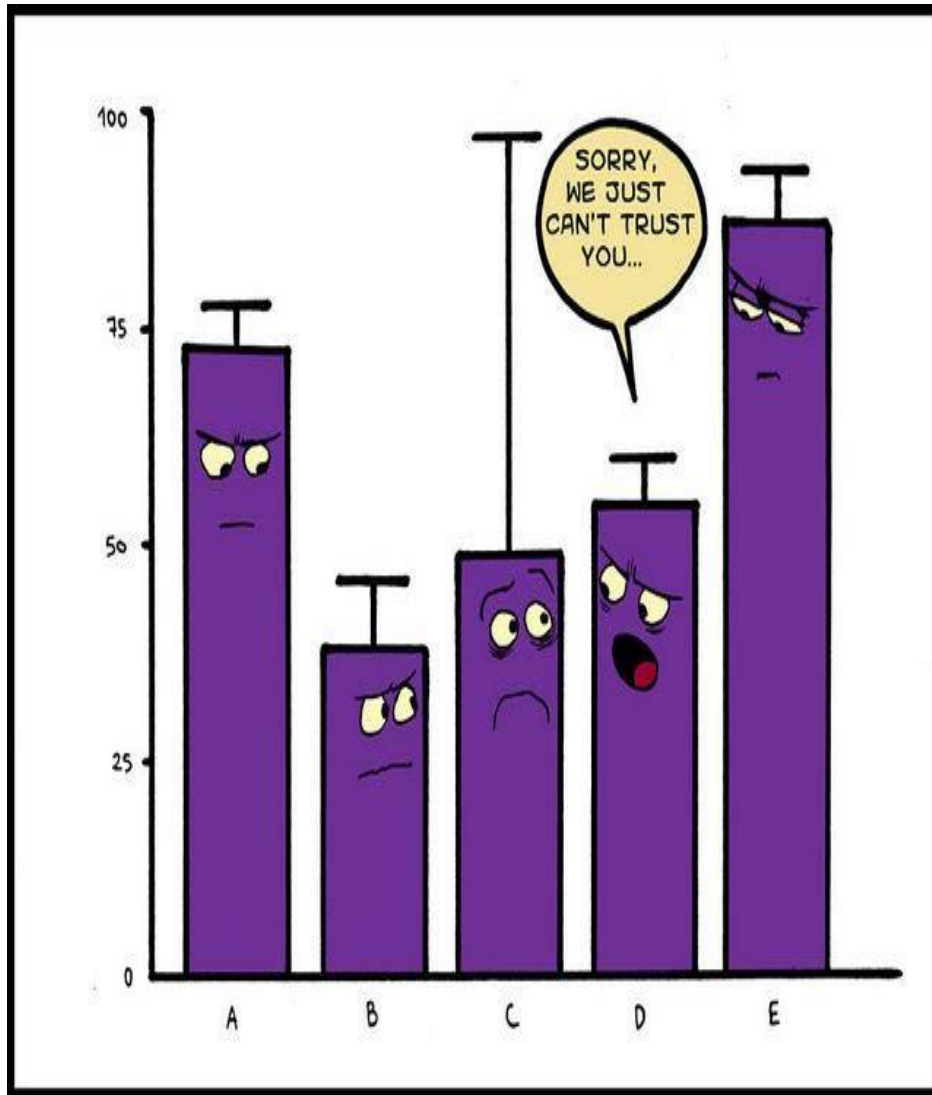


MINISTRY OF CITIZENSHIP AND IMMIGRATION

Module Two – Part Two

Learning Objectives

- Understand how to build operational capacity to collect meaningful and high quality data, and analyze/utilize this data to advance Health Equity
- Appreciate critical success factors for using data to advance Health Equity



WeKnowMemes

Collecting Quality Data around Meaningful Indicators

Choosing Meaningful Indicators

Step 1 - *Why choose?* (Determine Purpose)

- Uses in Care
- Uses in Planning
- Impact on Quality

Step 2 - *How to choose?*

Generic attributes of a meaningful indicator: *Valid, Reliable, Sensitive, Acceptable, Feasible, Universal, and Inclusive*

Step 3 - *How to apply an equity lens?*

Example: Gender

Step 1 : Consider purpose

1 -Uses in Care, e.g. relevant to medical testing such as pap smears

2 -Uses in Planning, e.g. improve outreach to vulnerable groups

3 -Impact on Quality, e.g. improves preventative care and readmissions

Step 2 : Does it include all or most of the attributes?

Are the categories valid?

Are the responses consistent each time? If yes, reliable.

Etc.

Step 3: Apply an equity lens

What is your gender? Check ONE only

Female

Intersex

Male

Trans-female to male

Trans- Male to female

Two-spirit

Other, please specify__

Do not know

Prefer not to answer

Choosing and Operationalizing Meaningful Indicators: **CHAMPION CASE EXAMPLE**

Temiskaming

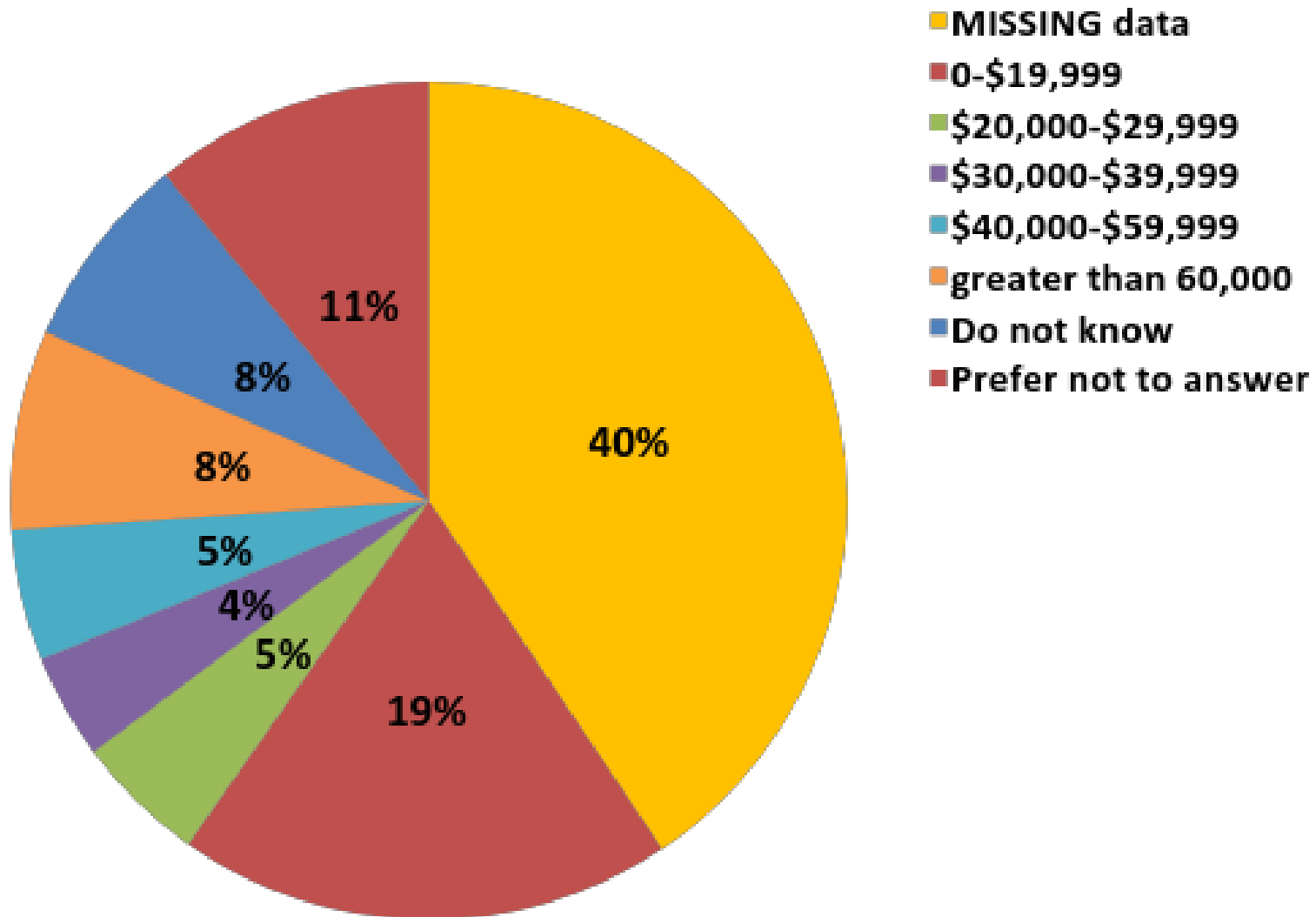
- Their identified purpose for their indicators is to inform a needs assessment report around the unique health needs of Virginatown, one of the communities they serve.
- Using existing standard indicators from the Be Well Survey, census, and CHC administrative data.
- Stratification of the data against demographic attributes of the clients of Virginatown.

Demographic Data Collection: Rigor and Quality

Situation Statement: At each level (macro, meso and micro), we must collect quality data (complete and consistent). However, micro-level demographic data collection poses unique challenges.

- What are the challenges?
- What are the resources available?
- How can we maximize the use of existing resources?

2016 Income Data for CHC Clients



Service Provider Level Barriers to Demographic Data Collection

- Challenges around requests to share personal information from clients
- Unclear communication around the purpose of data collection, privacy and confidentiality.
- Limited human resources;

Solutions:

- Staff training around importance and use of data, as well as cultural competency and anti-oppression.
- Continuous Quality Improvement (CQI) approach: Leverage resources to collect data with an explicit staff accountability framework.

Considerations for a Successful Intervention

- ***Process:*** (Kaizen approach) All-level staff approach to identify flaws in the process and waste in data management, and together, make evidence-informed decisions around equity.
- ***Awareness:*** Staff appreciate the value of data
- ***Change of behaviour:*** Staff owns the process and become ambassadors for data quality

Organizational Level Barriers

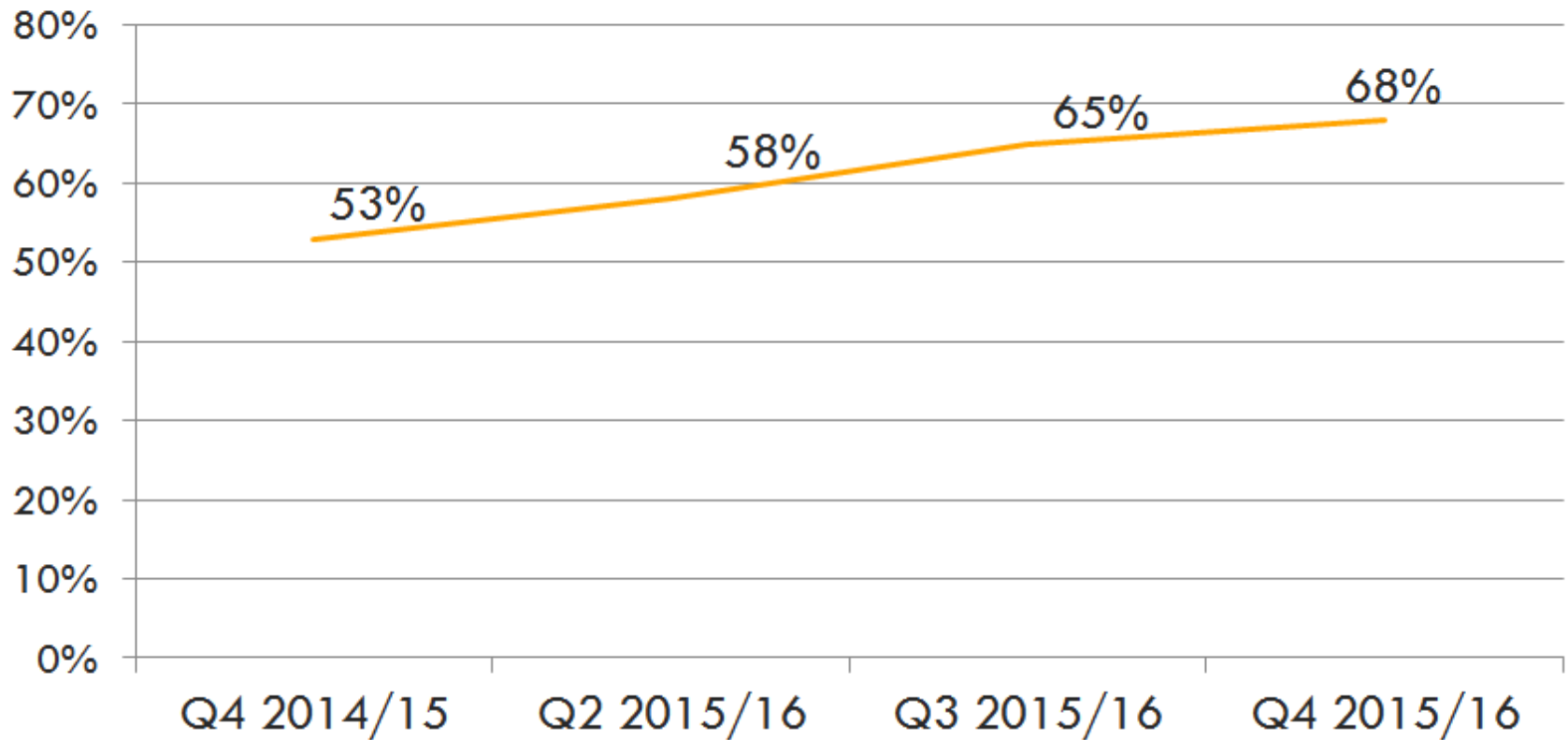
- Infrastructure challenges (e.g. lack of privacy at reception/front desk)
- Challenges in collecting sensitive data at group programs.

Solutions:

- Provide an inclusive and explicit equity environment (e.g. private room for collecting data, posting Rainbow sign at front desk, etc.);
- Develop a process map with dedicated time for registration form completion;
- Alternative options provided to client (e.g. take form home);
- Develop an inclusive design for the Client Experience Survey.

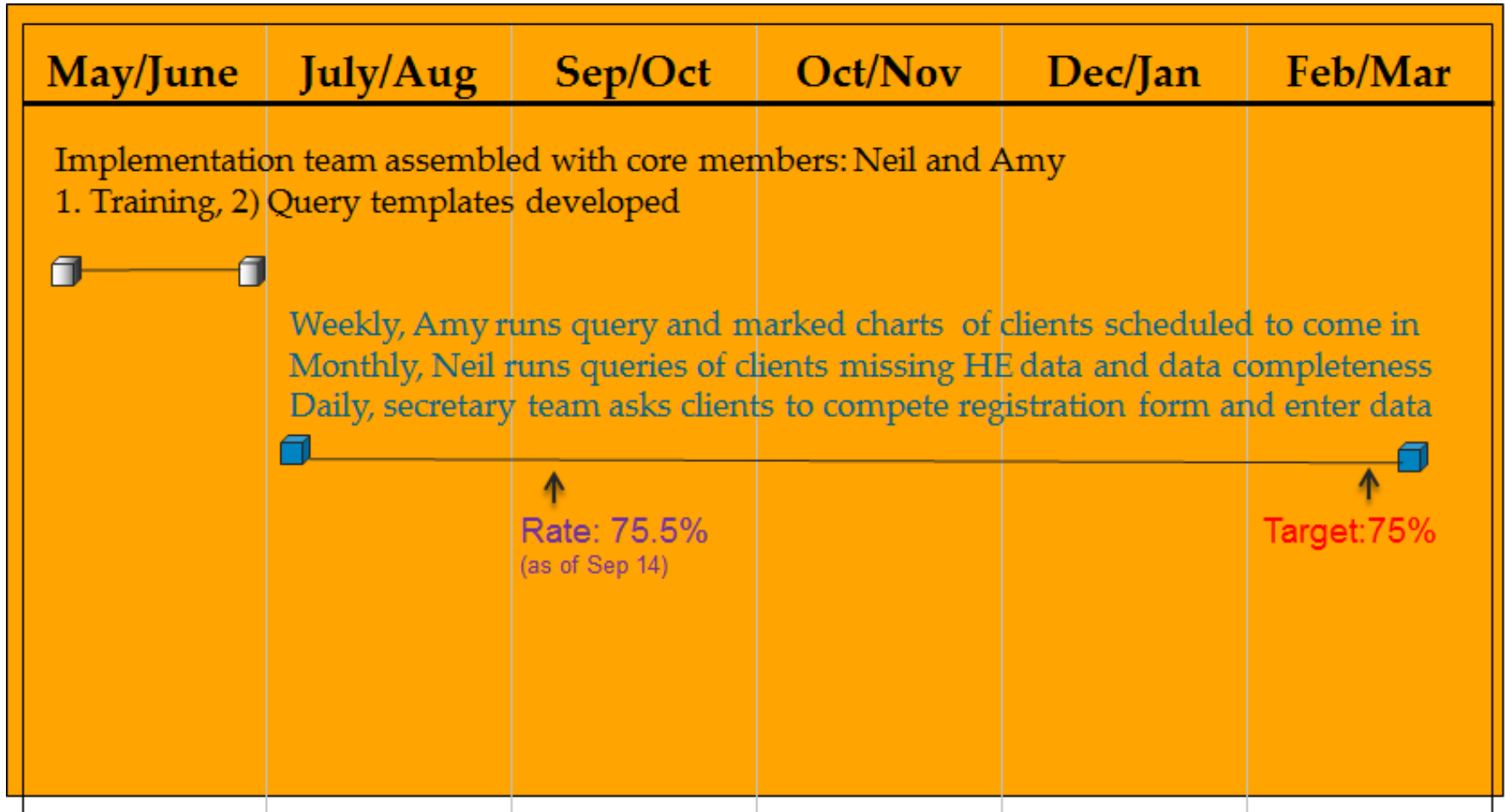
Current State

Completeness of Health Equity data



The Plan for 2017-18

2017-----> 2018----->



Systemic/Sector Level Barriers

- Lack of sector level consensus around equity focused standardized indicators, measurement tools, and resources.
- Sector-level accountability frameworks are not aligned with a health equity framework.

Solutions:

- Adopt a common agreed upon framework with technical specifications around equity indicators for the sector at micro, meso, and macro levels
- Organizations come forward to create a partnership platform with comparable organizations in the geographic or functional regions, e.g. West End Quality Improvement Initiative
- RDSS as a resource to strengthen sector initiatives around data.

Champion's Key Challenges with Routine Data Analysis for Health Equity

Limitations of Data

- Small sample sizes
- Large percentage of the income data is made up of "do not know, prefer not to answer".

Solution: Staff training around importance and use of data!

Limitations in Capacity

- Inability to disaggregate
- Inability to analyze the data to better understand gaps and answer questions of interest

Solution: DIA + Tools

Structural Limitations

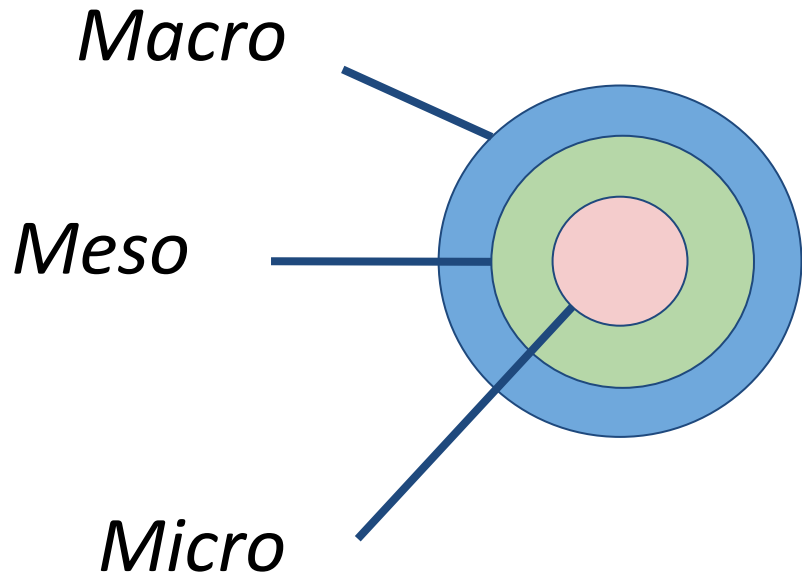
- Lack of procedures in place to routinely generate equity data
- Lack of dedicated staff
- DMC focus on micro vs. other levels of data

Solution: Organizational commitment to data quality

Reflection 3:

Assess your current state around data quality at your organization.

What might be some next steps to improve data quality for planning around health equity (e.g. Kaizen approach, Staff incentive model)?



Using Data To Advance Health Equity:

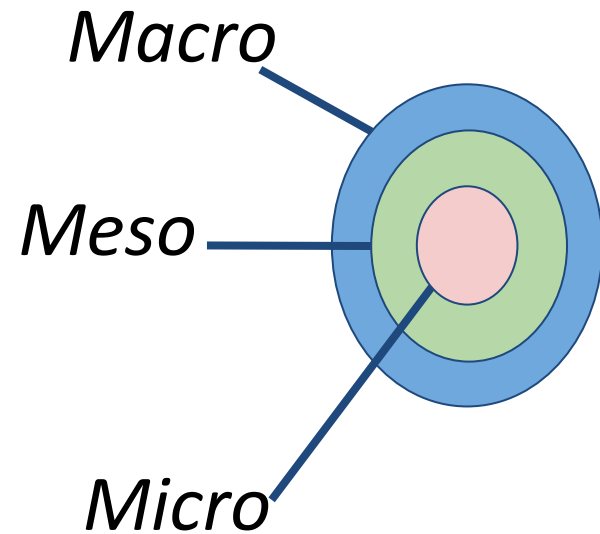


Seven Critical Success Factors

Use of Data to Advance Health Equity: Seven Critical Success Factors

1. Commitment and support from sector leaders for using health equity data
2. Include health equity indicators in the joint accountability framework, e.g. MSAA
3. Disaggregated intersectional approach
4. Identify and integrate meaningful indicators and good data collection tools for health equity.
5. Adopt a culture of quality at the organization level
6. Develop appropriate mitigation strategies to ensure data quality for demographic and health equity related data
7. Training and capacity building - to ensure correct use of equity data at macro, meso, and micro levels.

Next Steps: Planning, Monitoring and Evaluating Health Equity Improvements



Identify disparity and potential strategies;
Prioritize and select strategies;
Implement the strategies;
Monitor and evaluate the strategies.

Tools for Using Data to Advance Health Equity

- [AOHC Data Entry Manual and Reference Guide](#),
- [Measuring Health Equity, TC LHIN Train the Trainer-Collecting Demographic Data](#)
- Access Alliance Client Experience Survey Methodology
- Access Alliance Client Registration Process Map
- Access Alliance Data Quality Protocol

THANK YOU!

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SHARE THIS MODULE!**