Advancing Health Equity at the Hospital for Sick Children

Task Force Migration, Equity & Diversity
International Workshop on the Management of Diversity in Healthcare
Brussels, November 13, 2019

Karima Karmali, RN, MBA
Director, Centre for Innovation & Excellence in Child and Family-Centred Care
Outline

1. Context

2. Frameworks for Quality and Health Equity

3. Key Initiatives
   - Indigenous Health Strategy
   - Language Services
   - Socio-demographic Data Collection
   - Cultural Competence Education

4. Moving Forward
More than 1 in 5 Canadians are foreign-born

2 in 5 Canadian children have an immigrant background

22.3% of the total population speak a language other than English or French as their mother tongue

Visible minorities represent one-fifth of Canada’s population (22.3%)
Health Disparities and Inequities in Canada

• Canadians are among the healthiest people in the world, but the benefits of good health are not equally enjoyed by all Canadians

• There are significant inequalities in health outcomes and health determinants among socially disadvantaged groups
  - Indigenous Peoples
  - Sexual and racial minorities
  - Immigrants
  - People living with functional limitations
  - Low income, education, and employment

• Health inequities are a public health concern because “are inconsistent with Canadian values, threaten the cohesiveness of community and society, challenge the sustainability of the health system, and have an impact on the economy”

Source: Information from the Pan-Canadian Health Inequalities Reporting Initiative: A collaborative undertaking by the Public Health Agency of Canada, the Pan-Canadian Public Health Network, Statistics Canada, the Canadian Institute for Health Information and the First Nations Information Governance Centre
The Hospital for Sick Children - Toronto, Canada

- The largest centre dedicated to improving children’s health in Canada
- Canada’s most research-intensive hospital
- Provides the best in complex and specialized child and family-centred care
- Located in Toronto, which is one of the most diverse cities in the world

Institute of Medicine’s Framework for Quality Care

Provide care that does not vary in quality because of personal characteristics such as gender, race/ethnicity, & socio-economic status.

Adapted from the Institute for Medicine’s, Crossing the Quality Chasm: A New Health System for the 21st Century
Institute of Health Improvement’s Framework for Advancing Health Equity

- Make health equity a strategic priority
  - Leadership commitment at all levels
  - Sustainable funding

- Develop structures and processes to support health equity work
  - Governance committee for health equity
  - Key performance indicators

- Deploy strategies to address determinants of health
  - Socio-demographic data collection
  - Deliver appropriate programs and services

- Decrease institutional racism
  - Reduce implicit bias in care and organizational policies, structures and norms

- Develop partnerships with community organizations
  - Leverage community assets
Standards for equity in health care for migrants and other vulnerable groups

Self-Assessment Tool for Pilot Implementation

2014
SickKids’ Health Equity Ecosystem

Centre for Innovation and Excellence in Child and Family Centred-Care

- LGBTQ Staff Interest Group
- Accessibility Committee
- CHEO Newcomer Navigation Partnership
- Social Pediatrics Interest Groups
- AboutKids Health
- Workforce EDI Initiative (RI, HR, Paeds)
- Tele-Psychiatry
- SCAN
Indigenous Health Strategy: Phase 1

- Truth and Reconciliation
- Community Partnership
- Education and Awareness
- Welcoming Spaces
- Navigation Services
I would like to begin by acknowledging the land on which SickKids operates. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and most recently, the Mississaugas of the Credit River. Today, Toronto is home to Indigenous Peoples from across Turtle Island. SickKids is committed to working toward new relationships that include First Nations, Inuit, and Métis peoples, and are grateful for the opportunity to share this land in caring for children and their families.
According to Statistics Canada (2016 Census) 51.5% of Toronto's population is composed of visible minorities compared to 49.1% in 2011, and 13.6% in 1981.

140 languages spoken in the GTA.

Growing body of evidence suggesting a link between language barriers and patient safety.

Top Ten Languages at SickKids 2018/19

1. Arabic
2. Mandarin
3. Cantonese
4. Spanish
5. Tamil
6. Urdu
7. Vietnamese
8. Farsi
9. ASL
10. Punjabi
Requests for Interpretation Rising

- 2016: Face to Face - 9,974, OPI - 4,746
- 2017: Face to Face - 10,976, OPI - 5,852
- 2018: Face to Face - 12,400, OPI - 5,783

In 2014, the local health authority for Toronto mandated the collection of socio-demographic data in all hospitals and community health centres.

The aim was to connect patient-level demographic data to patient-level health outcomes to identify health disparities and develop programs that address these disparities.

Tool was not tested with paediatric populations and some questions not measurable or relevant for paediatric patients.

Decision to develop and test a paediatric instrument.

The adult tool included 8 core questions:

1. Born in Canada/Year of arrival
2. Spoken Language
3. Race/Ethnicity
4. Gender Identity
5. Sexual orientation
6. Disability
7. Income
8. # of Individuals supported by that income
Findings and Conclusions

1. Registration is an optimal point in the healthcare visit to collect socio-demographic information. With training and practice, clerical staff can become comfortable and competent with data collection
   • Of 4409 visits to the pilot sites, clerical staff completed tracking forms for 3562 patients (81% compliance rate for survey distribution)

2. Patients and their caregivers are comfortable and willing to provide their socio-demographic information
   • 71% caregivers and 79% of patients completed the survey
   • 97% of caregivers and 94% of patients reported being comfortable providing their demographic information to clerical staff

3. The Paediatric Instrument generated quality socio-demographic data
   • Most questions yielded high response rates
   • 95% of caregivers and 88% of patients reported that they understood the questions
   • 88% of caregivers and patients indicated they felt that the questions were asked in the right way
<table>
<thead>
<tr>
<th>Caregiver Health Equity Survey</th>
<th>Youth Health Equity Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>About the Caregiver</strong></td>
<td><strong>About the Child</strong></td>
</tr>
<tr>
<td>1. Caregiver present</td>
<td>1. Income that supports the child</td>
</tr>
<tr>
<td>2. Canadian-born</td>
<td>2. Number of people supported by income</td>
</tr>
<tr>
<td>3. Housing</td>
<td>3. Caregiver present</td>
</tr>
<tr>
<td>5. Race/Ethnicity</td>
<td>5. Housing</td>
</tr>
<tr>
<td>7. Education</td>
<td>7. Race/Ethnicity</td>
</tr>
<tr>
<td>8. Gender</td>
<td>8. Religion</td>
</tr>
<tr>
<td>10. Disability</td>
<td>10. Sexual Orientation</td>
</tr>
<tr>
<td>11. Income that supports the child</td>
<td>11. Disability</td>
</tr>
<tr>
<td>12. Number of people supported by income</td>
<td></td>
</tr>
</tbody>
</table>
Cultural Competence Education

• Over 170 workshops; 3000 staff attended

• Series of e-learning modules

• Evaluation results indicated shifts in practice to more culturally competent care
  • Substantial increase in requests for face-to-face interpretation and doubling of telephone interpretation usage
  • Increase in patient satisfaction (from 69% to 82%)
  • Recognition by Accreditation Canada
1. Clear commitment to equity in the new strategic plan

2. Establish key performance indicators to measure progress

3. Prioritize the collection of socio-demographic data

4. Develop a plan for regular cultural competence/safety education

5. Establish a health equity council and coordinate with emerging HR initiatives
QUESTIONS?