



Shared health
Soins communs
Manitoba

Collection of Race, Ethnicity and Indigenous Identity Data

Dr. Marcia Anderson, Project Lead on Behalf of Shared Health
Nathalie Buissé, Project Manager (CHI) on Behalf of Shared Health

Current Environment

Racial health and health care gaps exists

Health gaps are only analyzed by income – does not allow us to understand the impact of multi-level racism on the health of individuals, or specifically to assess and monitor the impacts of racism within the system

- Underestimation of health inequities between Indigenous peoples and non-Indigenous peoples
- Inability to develop and evaluate services and programs to address health inequities, measure health systems performance or participate in quality improvement
- Inability to monitor health status and health care quality in an increasingly diverse environment

Race is a social construct. Disaggregated data helps us to see the impacts of racism (not race) on health and health care.

Project History

2015: release of the Truth and Reconciliation Commission Calls to Action – calling for annual reporting on progress towards closing the gaps in health status between First Nations, Métis and Inuit People

2016: WRHA considers development and implementation of REI self-identification

2017-2019: planning paused for health care system transformation

2019: REI Steering Committee re-established to formally initiate the REI Initiative

2021-2022: Collection of REIs during Covid19

2023: Collection of REIs in hospital settings across Manitoba

Team Structure

Shared Health – Executive Leadership

2019-2020 Executive Sponsors Perry Poulsen, Dr. Cathy Cook and Jeanette Edwards

2021/2022 Executive Sponsors Doug Snell (Current) and Shelley Irvine Day (Previous)

Project Leadership

Dr. Marcia Anderson (Vice-Dean, Indigenous) - Project Lead, on behalf of Shared Health

Nathalie Buissé (Centre for Healthcare Innovation) - Project Manager, on behalf of Shared Health

Steering Committee

Representation from PIMA, Manitoba Health, Digital Health, Health Information Services, CancerCare (BreastCheck Program), First Nations Health and Social Secretariat of Manitoba, Manitoba Inuit Association

Working Groups

Representation from Digital Health, Manitoba Health, Health Information Services, PIMA, Shared Health Quality and Learning, CancerCare (BreastCheck Program), Centre for Healthcare Association, Joel Lafond, Canadian Institute for Health Information, Karen Sharma (Human Rights), Tina Chen (Anti-racism), Shared Health Learning Management System Educators

Goal and Objective – REI Initiative

The collection REI identity data is an important tool to enable health systems planning and management in an effort to ensure *all* communities receive equitable health care.

- Identify and address racial/ethnic disparities in health care;
- Assess the effectiveness of population health and health care improvement interventions;
- Develop and evaluate services and programs to address health inequities, measure health systems performance or participate in quality improvement.

Demonstrating Value – A COVID19 Perspective

The COVID-19 pandemic brought forth increasing calls to collect and report on REI identity data

The data collected allowed public health officials to:

- determine which communities were being disproportionately impacted
- implement real time interventions such as targeted age/population requirements for vaccine eligibility and drug interventions

The collection of this data was widely accepted, with **less than 2%** of the population declining to self-identify.

Operational Impact

MAY 11TH – *At your next hospital visit you will be asked your Race, Ethnicity and Indigenous Identity as part of routine demographic data collection*

AREAS IMPACTED

- All Service Delivery Organizations (formerly RHAs), HSC and CancerCare BreastCheck

STAFF IMPACTED

- All HIS and non HIS staff who perform registration duties in ADT EPR (excluding Diagnostic Imaging)

| | Northern | Southern | IERHA | PMH | WRHA | Shared Health |
|---------------------------|----------|----------|-------|-----|------|---------------|
| HIS Staff | 35 | 70 | 81 | 81 | 196 | 80 |
| Registered Nurses | 21 | 194 | 250 | 322 | 7 | |
| Centralized Intake Nurses | 7 | | | 27 | | |
| Ambulatory Care | | | | 57 | | 300 |

Training and Education – Communication Strategies

Staff Training and Education

1. 45 mins REI eLearning Module (LMS)
2. Staff Cheat Sheet (FAQs and Script)
3. Staff Awareness Messages
4. Client Relations Awareness Package

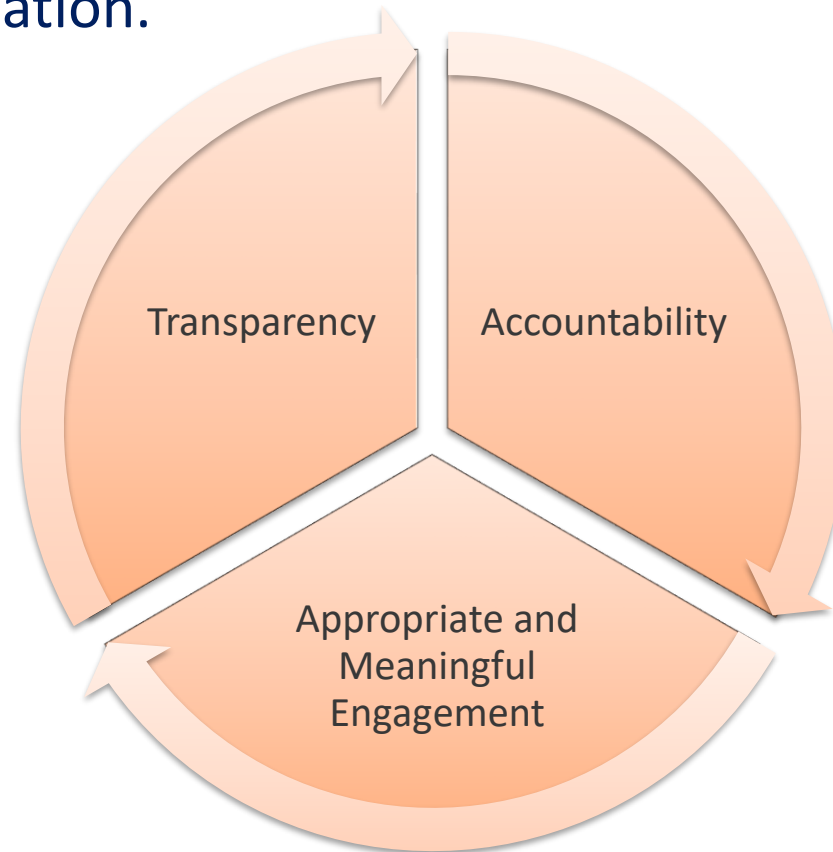
Public Education

1. Awareness Posters
2. Patient Information Page
3. Media Releases/Interviews
4. Mock Videos

Mediums: Staff Newsletters, Hospital Digital Screens, Social Media, Paper Copies, Webpage on Racism, Disrupted

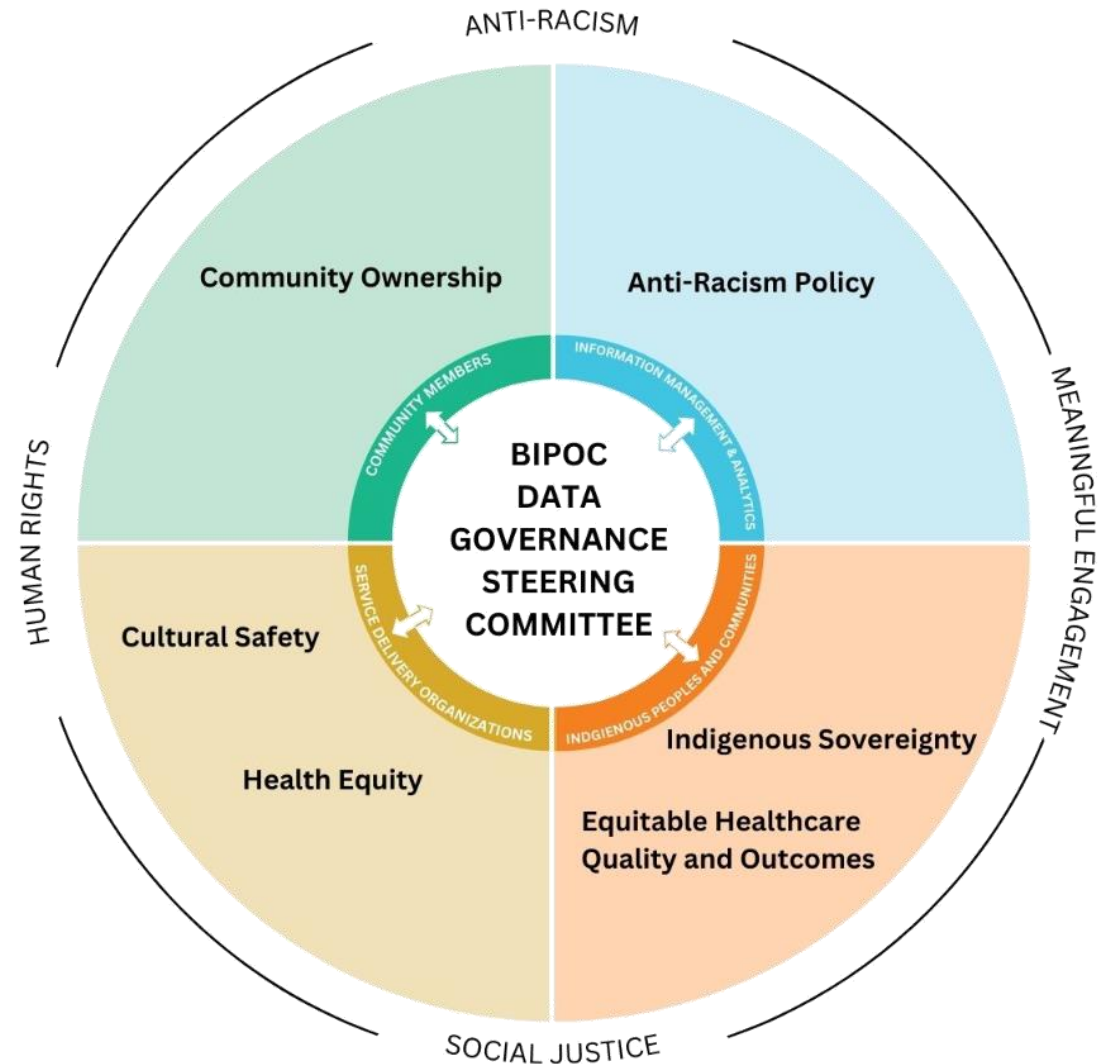
Data Governance

There are harms and risks associated with the collection and use of REI identity data. Data governance establishes standards, policies and procedures that guide collection, storage and use of information.



Manitoba's Race, Ethnicity, and Indigenous Identity Data Governance Framework

Led by diverse group with expertise in critical race theory, the histories of race and racism, human rights, epidemiology, Indigenous health, health research and health leadership.



Reporting on Health Equity



Image Source: <https://nastad.org/>

Next Steps

- Evaluation
- Transition Plan
- Additional Areas Targeted for REI Collection

Questions/Comments