

SPARK: Conversations | Season 5, Episode 15



Equity-Driven Systems:

Right-Sizing Healthcare for Every Child

With Special Guest:

Rochelle Reid



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SPEAKERS

Children's Healthcare Canada, Rochelle Reid, Katharine Smart

Episode Transcript

Children's Healthcare Canada 00:04 : Connected by purpose, driven by passion. This is Children's Healthcare Canada's SPARK: Conversations podcast series.

Katharine Smart 00:20 : Welcome to SPARK: Conversations, Children's Healthcare Canada's monthly podcast series. This year, the SPARK: Conversations has dedicated our conversations to right sizing children's healthcare systems. We are grateful to the IWK Health Center for its ongoing sponsorship of the SPARK: Conversations podcast right sizing series. I'm Dr. Katharine Smart, host for the podcast series, and today, I'm absolutely delighted to be speaking with Rochelle Reid. Rochelle Reid is the Senior Lead and Strategic Advisor for Equity, Diversity and Inclusion at Hamilton Health Sciences, where she leads transformative initiatives to enhance health equity for one of the largest healthcare systems in Ontario. Rochelle is committed to co creating inclusive environments. To that end, Rochelle is also the founder and CEO of Virtuous Management Group Inc, and the co founder of Beyond Black Program, that aims to support and empower Black students. She also co chairs the greater Hamilton Health Network's Black Health Table, centering strategies, policies and initiatives to support positive health outcomes for Black communities. A more fulsome bio for Rochelle can be found on Children's Healthcare Canada's website, childrenshealthcarecanada.ca under SPARK and then under podcast. As many of our listeners know, Children's Healthcare Canada is on a mission to right size children's healthcare systems. Such systems are meant to be accessible, equitable, connected and purpose built to meet the needs of children, youth and their families and the highly specialized workforce that serves them. They are evidence, informed and integrated with other health systems and services. In this episode, we want to focus on the very critical and important issue of child health equity, and we have an absolutely perfect person and expert on this topic to be joining us today. So welcome Rochelle to the podcast.

Rochelle Reid 02:05 : Thank you so much. Such a pleasure to be here.

Katharine Smart 02:09 : I'm really excited to learn from you today, and for our listeners to hear about your incredible work, which I think is really transformative and setting a high bar for how we should be engaging in this space. So before we dig in and get too specific, I'd love for you to just tell our listeners a little bit more about your work at Hamilton Health Sciences Center and McMaster Children's Hospital and the experience that led you there.

Rochelle Reid 02:33 : Yeah. So you know, I've been with Hamilton Health Sciences for almost three years now. It feels like so much longer than that, but when I joined Hamilton Health Sciences, we were just kind of coming off of a a rather tumultuous time, coming off of the brink of the death of George Floyd, and where many organizations were really leaning into equity and anti racism work. And when I joined the organization, we were kind of at the tail end of doing an organizational review to understand where the organization was at from an equity perspective and think about next steps. And when I joined the organization, it was a time, certainly a time of transition, and I was really excited about this role, because it was an opportunity for me to come into a rather large organization, one of the largest employers in Hamilton, and really build a department and a plan from the ground up, centering equity across all of the domains of our organization. So for me, it was a such an exciting opportunity for me to be able to lead, lead such an initiative. And really not just an initiative, but transformation for Hamilton Health Sciences, for MCH, and really, for the broader Hamilton region,

Katharine Smart 04:05 : Yeah, it's incredible. And I don't know if our listeners may know this, but Hamilton Health Science Center and McMaster Children's have established the actual first

organizational level five year EDI plan to guide meaningful change. So that's really, I think, something that will be massively impactful. So can you tell us a little bit more about that approach to EDI and improving child health equity that you're seeing at HHS and McMaster Children's?

Rochelle Reid 04:31 : Yeah, so the EDI plan was really birthed out of the voices of our staff, our physicians, our volunteers, our patients and families and our broader community, and it really does carry the essence of the core work that we know needs to be done to be able to not just right size our hospitals, but also create patient experiences that are equitable and culturally appropriate for those in which we care for. We often talk a lot about quality improvement, and, you know, those sorts of principles are embedded across all of healthcare. But in my opinion, you can't really do quality improvement, or you can't talk about quality improvement if we're not having or if equity is not centered in that discussion. And so the five year EDI plan really does speak to all of the foundational elements that we strive for at Hamilton Health Sciences, and really seeks to embed equity principles across all of those domains, specifically as it relates to McMaster Children's Hospital. McMaster Children's Hospital is such a special place, and it really has been kind of the cornerstone for this equity work. MCH has been doing much of this equity work for a number of years, and, you know, having MCH be a part of HHS and the broader sector, we're so grateful for that foundational work that's already been done. Much of that work really does center around data collection, and we know the importance of understanding who our patients are is critical to how we provide care for them. And one of the key initiatives that we've really been striving towards at the collection of health equity data, and we're calling it care data, so collecting accurate and robust equity data, and it really is an opportunity for us as a hospital system to truly understand who our patients are, understand where the gaps are, and really dig in and focus on how we can mitigate the inequities that we know exist within our system.

Katharine Smart 06:59 : That's amazing. You know, so many things you've said already I think are so impactful, like just the whole idea of equity being embedded and centered in this work of quality improvement and those types of things, rather than an add on, right? I think often that's kind of what's happened in the past, is people go, Oh, right, we didn't think about that, but it's really core to being able to provide quality care. And I think we know, I mean, the literature really tells us so much harm happens in the healthcare system because of systemic racism and other challenges that different populations face, and we have to be sort of, I think, willing to address that and own that fact if we want to make impactful change. So you're clearly leading that and a real trailblazer in that way. I'm curious what changes you've seen or made so far in your system with your work.

Rochelle Reid 07:44 : So there have been a number of changes and initiatives that we've been able to launch and continue to mobilize on over the last couple of years. We recently just launched our our two year progress report that centered a number of initiatives that we've been able to work towards over the last few years. I just mentioned the collection of equity data was which was a huge undertaking. We've also taken the opportunity to really dig into our policies, namely, those policies that directly impact our people, and really doing a deeper dive into looking at our policies from an equity perspective, and really ensuring that those policies that touch the people that work for the Hamilton Health Sciences are truly equitable. There are a number of other initiatives that we've really been focused on. Social prescribing being another key initiative that has been led out of MCH, and this is, you know, an opportunity for us to look at healthcare more broadly and the provision of care for our patients more broadly, we know that

oftentimes, social factors impact the care and well being of our patients, so looking outside and ensuring that we are establishing appropriate partnerships with those within our community to broaden that scope of support for our patients. Oftentimes, we see patients come into our doors that, to be quite frank with you, don't necessarily need to be in our doors and and we know that we have issues with with high capacity. And you know, if we can really look at a process that can help to alleviate some of those capacity concerns through supports within the community, is really something that is not just transformative for the individual because they're getting the right care at the right time, but also supports the overarching challenges that that healthcare institutions, namely hospitals, are currently facing. So that's another key initiative that you know, we're really proud to be piloting at our Ron Joyce Children's Health Center, and we will continue to build upon that momentum, we're also really happy and excited about the work that we're doing around Black health. We've been working really closely with our Ministry partners as well as our local partners around our Hamilton region to develop an approach to Black health and again, kind of tailoring off of what I just spoke about with social prescribing. We know that there are a number of social factors that impact Black communities, and we know that the experience and the trauma that Black communities have experienced through racism has absolutely impacted their health and well being of Black communities. And so building a wholesome plan that really speaks to again, not just from a hospital perspective, but really building in those supports around communities again, I think is, is, is really the approach of the future. We know that we cannot do this work alone. We cannot do this work in isolation. So partnering with our directly with our patients, our families and our surrounding community is a key focus of much of the Black health work that we're doing. We're currently in the process of developing a Black health plan that will outline key objectives in which the hospital will focus on, namely, around Black mental health supports, Black professional development supports, and really looking at Black health more holistically, as opposed to from a just from a niche lens.

Katharine Smart 12:08 : That's amazing. You know, you're talking about so many really transformative ideas and and I think it's so fascinating to me how we have, you know, tertiary hospitals that are really kind of realizing that a lot of the answers lie in community, listening to the patients that we serve, getting ideas from there, building partnerships together, which I think is, you know, it's different than how we used to think about challenges 20 years ago or even 15 years ago. I think where we thought a lot of solutions lived in academic places, and now I think academic places are realizing, yes, we have a lot to offer, but we do so much better when we're partnering with the people that we serve, and we're listening to them in terms of what their needs are, so that we're not blinded. And I think it's incredible that you're really digging into that, and it sounds like, you know, you've already come up with so many incredible ways that that's going to change the way people look at healthcare delivery where you work. So you know, I'm already hearing about a ton of impact. You've talked a bit about data already, that's obviously important in what you're doing. How do you foresee yourself measuring that impact as you go forward, so that you can tell the story to other places and funders and government?

Rochelle Reid 13:12 : Yeah. I mean, one of the key pieces to the data collection work that we are focused on right now is data governance and really digging into that body of work alongside our community. So you'll hear me talk a lot about partnerships and community in the work that we do, because it we cannot do this work without our community that surrounds us. So much of the work that we're doing right now is now shifted and kind of focused on data governance and how we're working

alongside various communities to ensure that the data that we're collecting is being collected in a way that is appropriate to those that are that we're caring for, and also looking at how we can share this data in a way that will be beneficial to those communities that have traditionally been marginalized within our systems, we know that there's a lot of trust based work that needs to happen, particularly around data collection based on the history of this country and where medical data collection is concerned. So there's a lot of grounding work that needs to happen. A lot of foundational work that needs to happen. A lot of trust building work that needs to happen in order for us to get to a place where we can even begin to think about how we will use the data. But once we get to that place, I do, I am hopeful that the data will be able to inform, or better inform us about the experiences of our patients. Help us to be able to identify, again, where those gaps are, where there are opportunities to provide better care, and where where we're trending from a provision of care perspective. And I think having that rich information, we know that we can go to literature and and, you know, seek additional information, but it is not tailored directly to our specific patients. And I think that's the piece that is really important in the data collection work, and ensuring that you're leveraging literature in a way to support but not as an absolute. We know that literature is important, but it is also flawed, because literature doesn't always include those that have again, traditionally been marginalized and excluded. So ensuring that we have kind of those principles embedded into how we're analyzing this data and being able to use it in a way, again at the bedside, to provide appropriate care from a one on one perspective, but also using it more broadly to be able to impact the the system in a whole.

Katharine Smart 16:21 : Yeah absolutely. I think that's so important. And just as you've said, you know, we can't assume the literature tells us everything we need to know when so many people have been excluded from that literature. So you know, you're you're not only creating a system, but you're also really talking about a whole new way of looking at knowledge and capturing information that's really being co created with the people you're hoping to serve, which is fantastic. So Rochelle, you obviously have a ton of experience doing this work, and I'm sure a lot of learnings along the way. So what advice do you have for other children's healthcare delivery organizations who want to emulate your work groups like Children's Healthcare Canada members who are hoping to strengthen their approach in this area of work.

Rochelle Reid 17:03 : So I think there's a lot that we can learn from the experiences that we've had over the last couple of years at Hamilton Health Sciences, building our equity plan. And I think, you know, the first place I would recommend that folks start is building those relationships in the community. And it's it's so important, because you cannot do this work in isolation. All of the answers are actually out there in the community, and you you really have to take the time to build the relationships, and that comes from building trust. It can't be a transactional relationship. It can't be focused on what you're going to get out of community. It really has to be an authentic approach to wanting to hear, be present and be alongside community, to be able to inform the work that you're doing in house, to be able to impact the community. So it's a bit of this, you know, give and take, but that takes a lot of time. I will tell folks, you know, it's not showing up to one meeting. And you know, now you're an expert in all things community. It really is about being present. It really is about showing up, and it really is about being intentional about the direction of the organization. Now, once you've kind of established yourself in that respect, I do also think it's important that your corporate approach and your corporate strategies are aligned to equity work. And I think that's why Hamilton Health Sciences and McMaster Children's

Hospital has been so successful in being able to advance equity rather quickly within our organization, because we were very intentional about aligning equity principles, our equity commitments to everything that we did within the organization. And we're now at the point where we're developing a new corporate five year plan, 2020, 2030, plan. And once that is unveiled in the fall, folks will see how health equity and indigenous Truth and Reconciliation are embedded as foundational commitments of our organization. And I would tell any organization that is a key element to ensuring equity work is built in and becomes embedded into all things that are done within any organization.

Katharine Smart 19:48 : Yeah, that's what I'm really taking away from your comments. Is the importance of centering that work, as opposed to having it be something on the side, right? It has to be a core component of how you build moving forward. So. Yeah, I know there's other exciting news. Congratulations on your new role as chair of a new National Child Health Equity practice network, which is being hosted by Children's Healthcare Canada. Can you tell us a bit about what attracted you to that role and what's exciting you about this network and your role in it?

Rochelle Reid 20:19 : I'm really excited about this network, I know that it's a newly formed network and has been birthed out of the sponsorship through McMaster Children's Hospital. And the impetus for this group is to really build a sense of coalition and community across our nation to be able to enable equity work across our hospital system. From a nationwide perspective, I think there are, there's great work happening across the nation, and I think there's this is an opportunity for us to not just be able to learn from one another, but collectively come together and find those opportunities and synergies in which we can work together to further advance equity work within our children's hospital settings. And one thing I do know about equity work, typically, equity teams are rather small, amongst the smallest teams and FTEs across hospital systems. And while that is problematic in and of itself, I think this network gives those that are working in the equity space an opportunity to not just find support and community, but also, you know, find resources and supports within the actual equity work and our intent is to really build up that capacity across our hospital systems and our children's hospitals to enable equity, even if you have a small team. And so the focus of this equity network is really about collaboratively coming together to advocate for equity in children's healthcare and also to develop those resources to help support other hospitals, children's hospitals across the nation.

Katharine Smart 22:29 : That's amazing. So you've talked a little bit, I think about what some of the goals and objectives are for the network. What at this point do you have sort of, you know, proposed priority actions or related deliverables to help you achieve those goals, and what is that sort of looking like as you embark on this planning?

Rochelle Reid 22:44 : So we had our first kind of kickoff launch meeting a couple months ago at the Children's Healthcare Canada conference, and it was really exciting to see the energy in the room. We had a number of people. We actually had to end up getting a larger room because of the number of folks that were interested in this network. But we had a really, really engaging working session with the participants, and it was co led by myself and Ryan Voisin from a children's healthcare network. And you know, we, we really curated this session to hear from those that were interested in equity work, what is it that they would like to see and get out of this network and the that session really informed kind of our next steps and how we're going to mobilize with this network. Some of the key themes that we

heard about were some of the things that I just spoke about, in terms of resources, advocacy as well as opportunities for us to collectively work on initiatives and projects together. And I think this network is really going to be instrumental in helping organizations to realize that. And I also think it'll be an opportunity for us to be able to showcase equity, equity work on a national level and its impacts to the well being of children's healthcare.

Katharine Smart 24:32 : It's amazing. I think that's one of the just the amazing things always about the Children's Healthcare Canada's annual conference right that opportunity to bring together like minded people and really create momentum around something like this idea, which is so critical. And what an amazing start to your network, to be able to have that group and that energy in the room and come out of that with so many great ideas for impact, really. So tell me a bit about who you're hoping to attract to the network and for our listeners, for people that are interested and maybe enthusiastic after being inspired by you and your incredible work today, how can they become involved?

Rochelle Reid 25:08 : So certainly we, you know, the network is open to those that are working within the equity space in children's hospitals, but I would not just limit it to that we really do want this to be a network that folks can come and learn and grow and be able to take from the expertise that's being offered at this network, and be able to utilize that within your respective organizations. And so I know oftentimes, when we talk about equity work, you know, folks may feel a bit timid because they might not know, or they may not be well versed in equity work, or they may just be starting their equity journey. And I just want to reiterate that all are welcomed, and that is okay, regardless of where you're at on the equity spectrum. And I think that that, in and of itself, just makes this group that much more richer. It is a safe space. It is a safe group, and the parameters in which we will kind of build that out will really come from those that are participating. So in terms of next steps and how people can join the group. We will be launching our website soon, so I'm sure we'll we'll either put it up on this podcast and and or let folks know who are tuning in, but we will have a website available. Those that were part of the initial working session at the conference will be receiving an email from myself and Ryan, because we do have your contact and and we're hoping to launch our first network kickoff meeting in the fall.

Katharine Smart 27:17 : Fantastic, that's great. I'm really, looking forward to hearing more about that work and to see the impact that it has, you know. So as you know, the theme of our podcast series this year has been right sizing children's healthcare systems. How can you know for our listeners, tell them, how is this important work that you're doing essential to that idea of right sizing children's healthcare systems? Why can't I do it without you and what you're focused on?

Rochelle Reid 27:43 : You know, I think that again, and not because I'm leading equity work, but you know, equity work is really embedded in every facet of every organization, and namely, you know, with children's healthcare, I think it's really important that we focus on, yes, the equity piece, but also recognize that children are amongst some of the most vulnerable in our communities, and so ensuring that we are creating a system that is accessible, a system that takes into account the importance of equitable care for the diverse needs of our children, and really looking at the provision of care for children, not in isolation, but again, from a holistic approach. And I think when we talk about right sizing healthcare and right sizing care mainly for children, it it, it's not an easy feat, because there are so many elements to that, and having the right supports at the right time are crucial to the development of

children. And so you know, Health Human Services, Health Human Resources, rather, is an important component in terms of having not just the number of people available, but also the right people. Having, ensuring that we have representation within our clinical areas is an important piece to right sizing healthcare. Seeing, you know, folks that look like you when you are receiving care is an important component to one's well being, and so taking those sorts of things into consideration is important. I think the other piece that we will need to continue to advocate for are the resources and the funding supports that are allocated to children, and mainly how those funding supports are allocated across hospital systems, looking at timing, looking at practicality, in terms of the constraints that we often find ourselves under with fiscal year end and funding needs to be spent, and when funding arrives, all of those things directly impact our patients, our children, our families. And so when we talk about right sizing healthcare, and we talk about right sizing care for children, those are some of the key things that come to mind.

Katharine Smart 30:50 : Wonderful. Thank you so much for that. So Rochelle, before I let you go today, I want to ask you an important question. If you had the opportunity to give a 30 second elevator pitch to policymakers regarding the uniqueness, impact and value of prioritizing children and their health healthcare and health research, amongst all the other competing priorities we have in our healthcare system right now. What would you say?

Rochelle Reid 31:17 : I would I would begin by taking a quote from a famous song, and begin with stating that the children are our future, and so investing in them means investing in our future. Our children of today are going to be the leaders of tomorrow, and so ensuring that, you know, children receive the right care at the right time is is crucial to everything, and ensuring that our policies are, and procedures and our system is reflected, reflective of of that notion is is critically important. You know, children tend to be quite resilient, but us as adults that are responsible for children, I think oftentimes we don't recognize the the resilience that children have, and so ensuring that our policies and our systems are designed in a way that underpins the well being of children, to me, is the only way to create a healthcare system of the future.

Katharine Smart 32:44 : Yeah, absolutely, I couldn't agree more. And I think you gave us a really inspiring conversation today. Your work as really leading the way in such an important aspect of what this work should look like, how we should be thinking about our health healthcare systems and our work with communities. So thank you so much. Rochelle, I really appreciate you making time for us today. Like I said, it's been really inspiring and such a pleasure to have you on the podcast and to learn from you.

Rochelle Reid 33:11 : My pleasure, thank you so much for having me on.

Katharine Smart 33:15 : So thanks again to our SPARK: Conversations podcast sponsor, the IWK Health Center for their ongoing support. That's it for today. Thanks for listening to SPARK: Conversations. To stay up to date on all our SPARK offerings, including upcoming podcast episodes, visit our website at childrenshealthcarecanada.ca, and subscribe to our SPARK: News bi weekly e-bulletin if you haven't already. If you like this podcast, show us some love by leaving us a review and telling your colleagues to have a listen as well. Please come back next month. We'll see you then you.