PATIENTS REDEFINING
THE FUTURE OF HEALTH CARE IN CANADA

November 19, 20 & 21

2024 SUMMARY REPORT

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TABLE OF CONTENTS

INTRODUCTION

The ninth annual Patients Redefining the Future of Health Care in Canada Summit ("the Summit") took place virtually on November 19, 20, and 21, 2024. This year's theme was **"Meeting People Where They're At: Transforming Health Care to Meet the Needs of All, a Multi-Faceted Response."** The Summit is an initiative led by Save Your Skin Foundation in collaboration with the Psoriasis Canada and an Indigenous volunteer from Kiyasiw Consulting. The Summit received generous contributions from volunteers, speakers, panellists, facilitators, sponsors, and other collaborators.

The objectives for the 2024 Summit were to:

- Enhance participants' knowledge about health, social determinants of health in and associated systems in Canada, and their impacts on key populations to support greater equity and inclusion addressing Canada's diversity;
- Create synergies and recognition of common issues across patient groups and other health care stakeholders;
- Engage policymakers and foster collaboration between patient communities and other relevant groups, including researchers, government, non-governmental agencies and other partners; and
- Support conversations about how patients can influence policy and design to build the health systems they deserve.

This event builds on the 2016, 2017, 2018, 2019, 2020, 2021, 2022 and 2023 Summits, which provided opportunities for patients, caregivers, and representatives from diverse disease and disability groups to come together to discuss a shared vision for health care in Canada. The Summit has evolved over time. For an overview of this year's agenda as well as the history and evolution of the Summit over time, please read Appendices 1 and 2.

EXECUTIVE SUMMARY

This year's Patients Redefining the Future of Healthcare in Canada Summit focussed on the importance of meeting people where they are at to achieve better health outcomes and to recommend the creation of health policies and programmes that will recognize the needs of discrete populations. Two overarching themes were identified at the Summit.

The first is the impact of social, structural and environmental determinants of health on health outcomes. Issues that are included under this theme include stigmatizing cultural ideas and divergent worldviews that drive health inequities. Specific health issues exacerbated because of anti-black racism, First Nations, Inuit and Métis identity, newcomer status, and substance use were discussed.

The other theme was the fragmented health data systems across Canada due to the lack of a comprehensive and interoperable health data system, with a need for specific population data and robust community governance over data related to structurally underserved communities.

Potential solutions were recommended by speakers in each of these thematic areas based on

lived/living experience and subject matter expertise.

For those who wish to revisit this year's content, or share it with people who could not attend, recordings are publicly available. Find all the videos on Save Your Skin Foundation's YouTube playlist. After only a couple of weeks of posting, there have been 193 views of these videos.

WEBINAR SERIES

The co-organizers continue to offer a pre-Summit webinar series that contributes towards the achievement of the event objectives. On November 5, 20234, "**Melanin Myths - Black Skin Misconceptions**" was presented in collaboration with the Health Association of African Canadians and Dr. Yinka Akin-Deko, a family physician with a focus on dermatology. This session debunked common myths about Black skin, highlighted health disparities, explored the unique dermatological needs of people with darker skin tones, and shared valuable insights into culturally competent care in dermatology.

On November 12, 2024, Louise Binder, lawyer, health policy advocate, and Health Policy Consultant with Save Your Skin Foundation presented "**The complex health systems for drug approvals in Canada**" to explain how drugs are approved and listed on formularies (both public and private) in Canada as well as provide a brief overview of the social determinants of health.

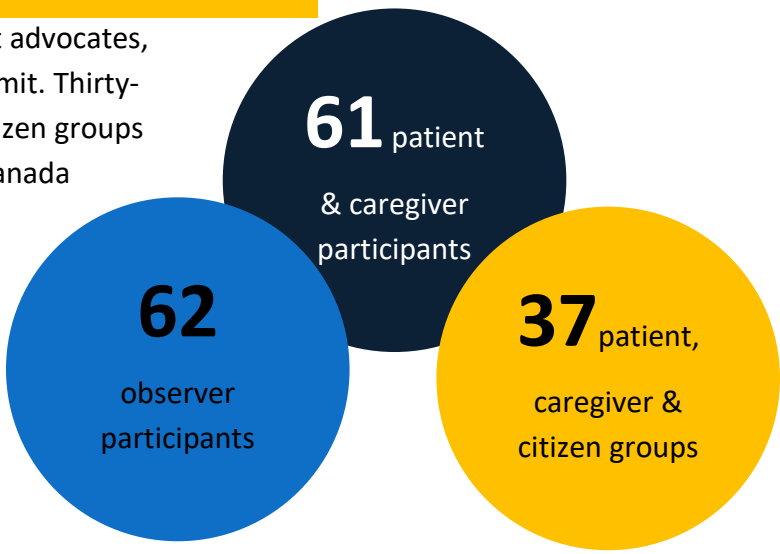
SUMMIT OVERVIEW

This section offers an overview of the Summit in 2024.

PARTICIPANTS

Sixty-one individuals representing patients, patient advocates, caregivers and their groups registered for the Summit. Thirty-seven different patient, caregiver, and engaged citizen groups representing a range of health conditions across Canada registered.

Sixty-two observers from diverse stakeholder groups participated in the Summit, including a variety of government bodies, health care providers, pharmaceutical, medical technology and health insurance industries, researchers, academia, and non-profits.



THEMES

The 9th Annual Summit focused on an overarching theme of "meeting people where they are at" in the context of improving access to healthcare as well as health outcomes.

Theme #1: Social, structural and environmental determinants of health, combined with stigmatizing cultural ideas and divergent worldviews, drive health inequities.

Health inequities, driven by social, structural and environmental determinants and the intersectionality of discrimination and stigma, are underlying causes of poor health outcomes and poor access to healthcare.

Social Determinants of Health

Issue

According to the World Health Organisation, "[h]ealth inequities are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age." Social, structural, and environmental determinants of health, combined with stigmatizing cultural ideas and divergent worldviews, drive these unfair differences.

"Social Determinants of Health are the circumstances in which people are born, grow, live, learn, work, and age, which are shaped by a set of forces beyond the control of the individual. They include material circumstances, and psychosocial and behavioral characteristics. They include the living and working conditions of people, such as their pay, access to housing, [and] medical care."

Housing

Extremely affordable and supportive housing are examples of a key social determinant of health. Presenter Juha Kahila of the Y-Foundation in Finland shared how Finland has been increasingly able to provide housing to everyone experiencing street homelessness, and at risk, across the country since its implementation of Housing First from 1985 onwards. The capital, Helsinki, has ended street homelessness. Research shows that 15,000 Euros per year is saved in emergency healthcare, social services, and the justice system for every homeless person provided with properly supportive housing. As Juha stated, "Housing is a human right for all, not a privilege for a few."

While Canada had more social housing stock than Finland in the 1980s, nearing 22 percent of all housing stock, since the 1990s that has dramatically decreased to about 2-3 percent today. Rather than building deeply affordable and supportive housing at scale, some provinces and municipalities in Canada are criminalizing encampments and institutionalizing those living there. The evidence shows that reducing homelessness means a safer society with less money spent on law enforcement, courts, and prisons, and improves access to resources for the rest of society, including emergency services. Dr. Andrew Boozary, a presenter from University Health

Network, shared data showing that the cost for a hospital ward bed is $32,200; provincial jail is $15,000; a shelter is $7,500; while supportive housing costs $3,500.

Potential Solutions

(i) Collaboration to build deeply affordable and supportive housing stock that meets a range of needs to be allowed to flourish and systematically encouraged.

a. Dr. Andrew Boozary discussed Dunn House, an example of co-produced supportive housing through the University Health Network's Gattuso Centre for Social Medicine, in partnership with the City of Toronto, United Way Greater Toronto, and Fred Victor.

b. In its implementation of Housing First, the Finland non-profit, Y-Foundation, collaborates with key players including Finnish municipalities, mental health institutions, the Lutheran Church, construction industry trade associations, and trade unions.

c. Consider the example shared by Asennaienton Frank Horn, founder of Indigi-Solutions, of constructing new affordable housing, using a rent-to-own model, for families in need from the Chippewas of Nawash, through an innovative partnership between the Chippewas of Nawash's Housing Department and Habitat for Humanity Grey Bruce. Habitat for Humanity acted as the project contractor, while the Chippewas were the builder securing funding through the Canada Mortgage and Housing Corporation and Indigenous Services Canada.

(ii) Social prescribing is broadly defined as the bridging of traditional clinical care with social and community supports necessary for wellbeing. Co-creation of the goal and solution are paramount, namely asking patients "what matters most to you?" Social prescribing reduces loneliness; decreases hospital admissions and emergency department visits; improves mental and physical health; improves skills and confidence; and reduces primary care visits. It also improves other social determinants of health such as social connectedness, housing, finances, and employment. The Canadian Social Prescribing Institute calculated that every dollar invested into social prescribing programs may return $4.43 to society through improved wellbeing and reduced costs. The Indigenous Primary Health Care Council emphasized a wholistic model of health and wellbeing that aims to balance people's physical, mental, emotional, and spiritual needs and strengths through an approach of culture as medicine. This is an approach that is consistent with Indigenous worldviews – addressing the whole person – using strengths-based strategies like land-based healing, traditional ceremonies, and culturally safe care to promote wholistic healing, health and wellbeing. Support the implementation of social prescribing and culture-as-medicine as part of a wholistic health strategy to bridge the gap between health and social care and between Western and Indigenous healing methodologies.

Structural Determinants of Health

Issue

"Structural Determinants are the 'root causes' of health inequities, because they shape the quality of the Social Determinants of Health experienced by people in their neighborhoods and communities. Structural Determinants include the governing process, economic and social policies that affect pay, working conditions, housing, and education. The structural determinants affect whether the resources necessary for health are distributed equally in society, or whether they are unjustly distributed according to race, gender, social class, geography, sexual identity, or other socially defined groups of people."

Rurality and remoteness, as well as poor neighbourhoods in urban centres, are examples of geographic structural determinants of health that speakers discussed as barriers to access and good health. As Dr. Andrew Boozary shared, "A postal code remains a better predictor of health outcomes than genetic code." The lack of meaningful representation of structurally underserved, Black, and FNIM communities within relevant governance and policy-making bodies for true co-production and partnership to occur is another example of poor structural determinants of health named at the Summit. Dr. Veronica McKinney, Director of Northern Medical Services at the University for Saskatchewan, discussed how, in Saskatchewan, First Nations communities are federally funded with healthcare funding transferred to them to run their own healthcare systems, with the resources being less than the general population and each small community left to run its own system, with minimal capacity or collaboration. The federal system is run differently in Saskatchewan, British Columbia, and Ontario. This jurisdictional fragmentation and inequities are further examples of poor structural determinants of health.

Potential Solution

(i) Meaningful representation of structurally underserved communities, including Black, First Nations, Inuit, Metis, rural and remote communities, within relevant government and policy-making bodies for genuine co-production and partnerships to occur must be a goal that is achieved to understand and effectively address structural determinants of health.

a. The Indigenous Primary Health Care Council emphasized the importance of partnering with Indigenous communities in program design as a key recommendation to advance Indigenous cultural safety in healthcare systems.

b. The Manitoba Metis Federation's Research Project Coordinator and Research Associate described how everything undertaken by the MMF on behalf of the citizens of the Red River Métis, including the Red River Métis Cancer Strategy and Maternal Health access improvements, is surfaced through community-based participatory research, with citizens leading all research questions, strategies, and activities.

c. The Alliance for Healthier Communities talked about their "social prescribing for better mental health" initiative that included co-design of locally responsive mental health promotion and illness prevention programs.

Environmental Determinants of Health

"Environmental factors can influence human health, including physical, chemical, and biological factors that are external to a person, and all related behaviors. Collectively, these are referred to as environmental determinants of health." As Dr. Ojistoh Horn, this year's Keynote Speaker and Medical Director of Good Medicine Clinic in Akwesasne, opened, one cannot disentangle planetary health from human health. She particularly illustrated this through her home community, where cheap electricity created by damming the St. Lawrence River resulted in six industrial sites surrounding Akwesasne and releasing their effluents into the community's water, air, and earth. As a result, the food chain has been contaminated, including mother's milk, with high levels of compounds like PCBs, dioxin, and DDT. This has resulted in cognitive and behaviour issues, reproductive, metabolic, auto-immune, endocrine-related health issues, and cancers. Preventative health is impossible without mitigating existing and preventing future negative industrial environmental impacts on human health.

Potential Solution

(i) As Dr. Horn explained, everything starts with worldview – how a society and the individuals living within it understand the nature of reality and their role within it. This then influences the conception of rights (i.e. What rights are prioritized? Are they individual? Collective? Corporate?), which informs the laws a society creates. This influences its institutions, which shapes the programs and policies, which influence personal and group conduct. Returning to conceptions of reciprocity and relationships is a key part of how to return humans to their role of stewards of the planet such that planetary and human health flourish.

Stigma and Discrimination

Compounding the structural, social, and environmental determinants of health that shape inequities are judgmental mindsets, shaped by cultural worldviews, that stigmatize health conditions like cancer, anxiety, substance use, and stigmatize groups of people like newcomers, Métis, people experiencing homelessness, people that use substances, people with darker skin tones. Intersectionality often compounds the stigmatization and further amplifies the harms, barriers to care, and negative physical and mental health outcomes, combined with judgment by loved ones and fellow community members. All these factors impede access to healthcare, delay diagnosis and treatment, and lead to poorer health outcomes. Some patients fear sharing certain parts of their health history or their health record related to mental disorders or

previous treatment for substance use, for example, due to the judgment and poor-quality care received from some providers once they see any of these on their record.

Moms Stop The Harm, an organization of family members who lost their loved ones to the toxic drug supply, deconstructed false media narratives, shared the facts, and humanized the people and families affected by this ongoing crisis. People using substances are stigmatized as addicts who are dying from overdoses, when in fact many people that use substances are not addicts. Contrary to some public opinion, the use of substances has not increased, while the dramatic rise in deaths is due to the toxic, illegal drug supply, not overdoses. When one sees the use of substances not as "addiction" but a spectrum of use which is quite widespread, when one understands that the spike in deaths from substance use is not caused by more problematic substance use but by a toxic, illegal drug supply, when one understands the negative physical and mental impacts of adverse childhood events that often causes problematic substance use, the laws, institutions, programs, and policies can begin to act more compassionately and more effectively at addressing and solving the root causes of the issues through a continuum of care that meets people where they are at, rather than stigmatizing and further harming people through misinformed assumptions.

Participants heard from speaker and advocate, Harjeet Kaur, about the significant challenges and gaps she faced as a newcomer to Canada who suddenly fell ill and had to endure a brutal diagnostic and treatment experience for her rare Stage 4 cancer. She shared how the belief in karma means that her family and many in the South Asian community believe that cancer is the result of wrongdoings from a past life, leading to feelings of guilt and shame within patients combined with judgment by loved ones and fellow community members. This social stigma can then affect family reputation and marriageability, creating isolation and limiting disclosure. Open discussion of cancer does not take place. Due to the gaps and cultural stigma she experienced, Harjeet founded Chai & Hope to reduce the stigma within her community while better supporting those going through cancer.

Potential Solutions

(i) The Honourable Wanda Thomas Bernard, from Nova Scotia (East Preston), the first African Nova Scotian woman to serve as a Canadian Senator, discussed the need for culturally responsive healthcare cutting across all levels of the healthcare system from the micro i.e. the ability of healthcare providers to improve care for dark-skinned patients to the meso i.e. the creation of culturally-specific, community health services and programs, the macro i.e. diversifying representation within healthcare boards and executive leadership and creating roadmaps for change, and mega levels i.e. creating medical schools to encourage more structurally underserved students to pursue medical fields.

(ii) Support existing and the creation of more patient-led and caregiver/family-led organizations like Hope & Chai and Moms Stop The Harm to address the gaps and challenges faced by structurally underserved communities.
(iii) Work with media outlets and editorial boards to educate journalists on the importance of using factual, non-stigmatizing language in their stories.

Theme #2: Fragmented and inequitable health data systems across Canada drive harms.

Issue
Stephen O'Reilly from the Canadian Institute for Health Information (CIHI) talked about the health data fragmentation in Canada, the fact that a patient's health information lives in many different paper and digital records that are not connected to each other. Either the patient, their loved ones, healthcare providers, or a combination of them all must provide the needed health information to each provider. This represents potential harm to patients, as providers are unable to provide safe and effective care with incomplete information. It also means healthcare institutions and systems cannot learn, improve, and make evidence-informed performance and funding decisions. To address this, the system must adopt data standards, a consistent definition of what something means plus how to measure and report it.

Dr. Veronica McKinney emphasized the importance of translating data into practice and recognizing bias. Data are biased. People need to recognize data bias going in. What are the questions being asked? What populations are we studying? How are they involved? How are they being interpreted and portrayed? Having a variety of perspectives governing data mitigates bias and helps better translate data into practice.

The ability to collect and use data from electronic medical records, including socio-demographic identifiers, also helps translate data into practice. Natasha Beaudin from the Alliance for Healthier Communities described the Better Mental Health social prescribing initiative involving 284 different primary care providers across Ontario. Using their electronic medical record's screening tools, they did assessments of loneliness and wellbeing over time so they could identify patients at risk of poor mental health due to social isolation. Health promoters were able to pull from their electronic medical records clients categorized as being frequent users of primary care and having low levels of anxiety, depression, and/or social isolation. The health promoter then reached out to them for a conversation to see if any of the CHC's programming might resonate with them. Clinicians reported that patients' mental health improved and their ability to deliver clinical care improved with social prescribing.

Jemale Demeke talked about the need to collect race-based data to identify disparities, monitor whether they are worsening or improving, and create a more transparent system. He shared the example of COVID-19 when different public health units started collecting individual-level socio-demographic data, which then became province-wide. This led to release of funds for community, co-designed responses to the disproportionate impacts on Black communities, which led to reduced health inequities within that community. Sharon Davis-Murdoch talked about the Health Association of African Canadian's twenty-four years of advocacy within Nova Scotia to establish race, ethnicity and language (and other socio-demographic identifiers) in statistical data to inform decision-making and equitably fund health programs and services. In Nova Scotia, the data are finally being collected thanks in large part to HAAC's advocacy (called Fair Care and done through health card registration), but there is still no community governance over the data.

In past Summits, participants have learned extensively about OCAP – Ownership Control Access and Possession – data sovereignty principles for First Nations data. This year, Jemal Demeke from the Wellesley Institute, along with Senator Wanda Thomas Bernard and Sharon Davis-Murdoch, described how Black communities in Canada have many reasons to distrust the collection and use of their data, such as to promote harmful narratives about their community. To establish and sustain trust, the Black Health Equity Working Group developped the Engagement Governance Access Protection (EGAP) framework as a starting point for data sovereignty for Black communities.

Potential Solutions

(i) The Canadian Institute for Health Information (CIHI) is working with Canada Health Infoway on Connected Care, with CIHI producing the data content standards framework for a pan-Canadian health record, while Infoway is working on technical interoperability (e.g. the ability to share health data between computer systems). The goal is to create interoperable health information systems. They are seeking public and patient feedback on the draft health record on a regular basis. There is also Healthy Data Collective, a CIHI-supported, grassroots, collective impact initiative trying to transform Canada's health information systems.
(ii) Implement robust community governance for data sovereignty, including OCAP and EGAP, in order to collect, use, share, and communicate the results of race-based data: "Social capital is another outcome of building community governance mechanisms. The more that you involve people in institutions related to data, the more social participation builds confidence in these institutions to increase awareness and trust," shared Jemal.

Overarching Solution: Long Term Thinking, Planning and Investment

This is an overarching solution that was echoed by all participating groups as essential for addressing the complex issues described at the Summit. This must occur at all levels from government politicians and bureaucrats to the organizations working with these populations. Some populations such as FNIM communities are culturally farther ahead at understanding this than others due to their different worldview. Everyone must all strive to integrate long-term thinking, planning, and investment into their work and encourage other relevant parties to do the same.

ACTIONS MOVING FORWARD

The 2024 Summit, particularly the third day with patients, caregivers, and groups representing them, provided an opportunity to update on the progress and renew the mandates of the Working Groups and to consider creating new ones based on the themes from the 2024 event. Two Working Groups were renewed with clear next steps. They are:

1. **Health Data Working Group activities could include:**
    - Providing input into CIHI's Health Data Standards Framework
2. **Integrated Models of Care Working Group activities could include:**
    - Developing simple key messages and "how to use" instructions for the two case studies to facilitate their use by patient advocates and groups

Additional ideas included:

- Consider update meetings throughout the year between Summits
- Direct other suggestions outside the scope of the Summit to other groups carrying out these activities e.g. advocacy training, media training, podcasting.

Anyone interested in joining one or more of the three working groups, should contact leahstephenson@gmail.com

In summary, patients, caregivers, engaged citizens and the groups that represent them will continue to embrace the mantra from Dr. Hank Veeze that was introduced at the beginning of the 2018 Summit:

"Think Big. Act Small. Don't Wait."

Appendix 1: Agenda

AGENDA

Tues, Nov 19, 2024	Speakers	Time (ET)
Breakfast	n/a	8:00-9:00 AM
Summit Opening	Kathy Barnard and Sharon Clarke	9:00-9:05 AM
Keynote Address	**Dr. Ojitosh Horn** • Family Physician, Akwesasne Medical Clinic (Akwesasne, ON/QC); Lecturer, Department of Family Medicine, McGill University (Montréal, QC) • Setting the stage of how we look at the systemic challenges and opportunities to better First Nations, Inuit and Métis health from a holistic perspective	9:05-9:45 AM
Q&A with keynote speaker	Moderator: Sharon Clarke	9:45-9:55 AM
Manitoba Métis Federation	**Tetiana Shcholok and Debbie Olotu**	9:55-10:15 AM
Q&A with speakers	Moderator: Louise Binder	10:15-10:25 AM
Speaker	**Harjeet Kaur** • Stage 4 Blood Cancer survivor and advocate • Speaking on the healthcare disparities for immigrants and the importance of culturally sensitive care and communities	10:25-11:05 AM
Q&A with speaker	Moderator: Louise Binder	11:05-11:15 AM
Break		11:15-11:40 AM

The Toxic Drug Crisis	**Petra Schulz** • Co-founder, Moms Stop the Harm • Discussing the impact of the toxic drug crisis and possible solutions for communities and families across Canada **Dr. Esther Tailfeathers Maa'kwii'naas'kiyaakii (edited, 2021 video)** • Blood Tribe Physician, Kainai Nation • Culturally appropriate treatments for Indigenous peoples. Aksiss'toowaapsin: Rising up to the challenge - selflessness	11:40-12:20 PM
Q&A with panelists	Moderator: Antonella Scali	12:20-12:30 PM
Lunch and Networking		12:30-1:30 PM
Housing for structurally underserved communities	**Marie McGregor Pitwanakwat** • Chair of the National Indigenous Women's Housing Network and Co-Chair of the Women's National Housing and Homelessness Network • Discussing lived experience, housing as a human right, and proposed solutions for addressing homelessness **Juha Kahila** • Head of International Affairs at the Y-Foundation • Discussing Finland's Housing First national housing strategy and what Canada can learn from it **Dr. Andrew Boozary** • Founding executive director of the Gattuso Centre for Social Medicine at the University Health Network. • Discussing housing as it connects to the social determinants of health, and how Canada can further develop its housing strategy	1:30-3:35 PM

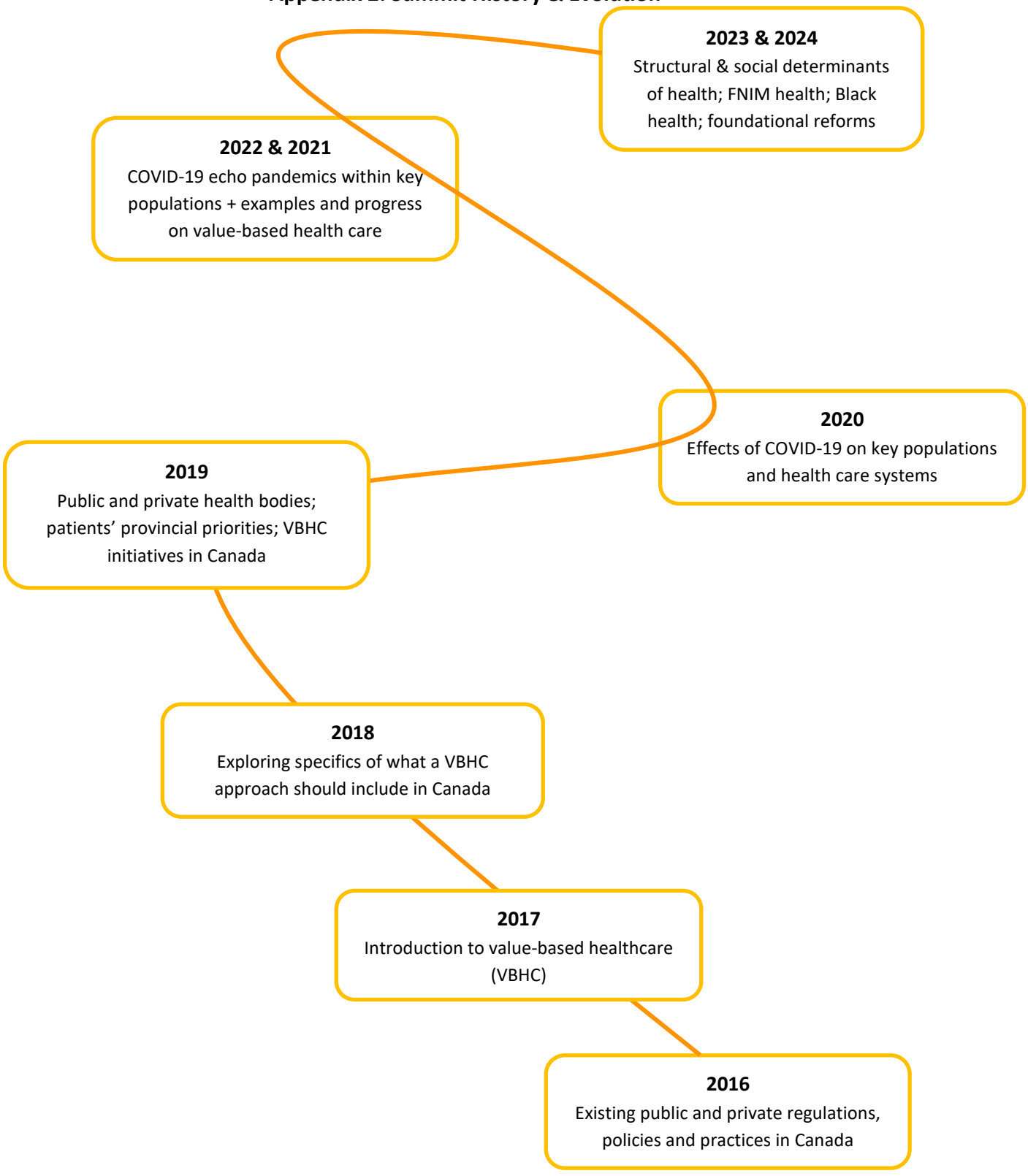
	Asennaienton Frank Horn • Principal at Indigi Solutions • Former Specialist in First Nations Housing at the Canadian Mortgage and Housing Corporation • Former Senior Manager of Indigenous relations at Rogers • Discussing housing and infrastructure needs specific to Indigenous Peoples and how to bridge the gap	
Q&A with panelists	Moderator: Louise Binder	3:35-3:50 PM
Wrap-up sessions		3:50-4:00 PM
Networking Session	All Participants	4:00-5:00 PM
Wed, Nov 20, 2024	**Speakers**	**Time**
Breakfast		8:00-8:45 AM
Welcome & introduction		8:45-9:00 AM
Opening Remarks	**The Honourable Senator Wanda Thomas Bernard** • A Future of Culturally Responsive Care for Canadians	9:00-9:20 AM
Social prescribing and culture as medicine	**Srija Biswas** • Project Manager, Canadian Institute for Social Prescribing • Educating audiences about social prescribing practices and how it is linked to the SDOH. **Natasha Beaudin** • Social Prescribing Lead, Alliance for Healthier Communities	9:20-10:25 AM

	• Implementation of social prescribing for mental health, Black communities, older adults **Dakota Recollet** • Director, Indigenous Cultural Safety - Indigenous Primary Health Care Council	
Q&A with panelists	**Antonella Scali**	10:25-10:35 AM
Break		10:35-10:45 AM
Shared data save lives	**Canadian Institute for Health Information (CIHI) - Stephen O'Reilly** • Executive Director, Federal Relations, CIHI • "Connected Care", national efforts towards shareable health information	10:45-11:20 AM
Data equity saves lives	**Jemal Demeke** • Senior Researcher, The Wellesley Institute • The role of data & community governance in promoting health equity **Sharon Davis-Murdoch** • Health Association of African Canadians (HAAC) • Connection between black health and the need for responsible data sharing practices **Dr. Veronica McKinney** • Director of Northern Medical Services, College of Medicine, Univ. of Saskatchewan	11:20 AM -12:50 PM
Q&A session with speaker and panelists	**Sharon Clarke**	12:50-1:15 PM
Lunch and Networking		1:15-2:00 PM
Breakout session	All participants and facilitators	2:00-2:50 PM

Closing Remarks	Organizers	2:50-3:00 PM
Networking session	All participants	3:00-4:00 PM

Day 3: Patient Planning Session - Restricted to patients/caregivers and their groups	
Thursday, November 21, 2024	**Time (ET)**
Breakfast	9:00-10:00 AM
Group Action Planning (Patients, Caregivers, and Patient/Caregiver Organizations)	10:00 AM-12:00 PM ET
Lunch	12:00-1:00 PM ET

Appendix 2: Summit History & Evolution



Appendix 3: Evaluation Survey Results

Summary of Results:

Across all days, people consistently expressed satisfaction with the content that was shared throughout the Summit. The highest ranked session was the patient and caregiver action planning session (4.7/5), then Dr. Ojistoh Horn and Harjeet Kaur (4.6/5), then Housing for Structurally Underserved Communities, Senator Wanda Thomas Bernard, Shared Data Save Lives, and Data Equity Saves Lives (4.4/5). Nothing was ranked below 4/5 so all the content was appreciated.

There was a desire for more engagement throughout the event, especially for virtual participants, such as some structure to engage with the headlines as well as longer and more frequent breakouts. Including patient voices in the social prescribing panel would have been appreciated. Someone suggested panelists having more interaction with each other. The venue was too cold. One person suggested "Would have liked to have shared and gotten resources that were mentioned throughout the Summit." Overall, people would have appreciated more succinct content and a shorter event.

Below are a few comments from the three days that reflect people's feedback related to programming.

Day 1:

Keynote speakers

The Finland presentation - really learned something

Frank Horn's presentation

Dr Boozary's talk on health aspects of homelessness

Petra/harm reduction

Being able to get into deeper conversations with panelist and attendees

Day 2:

I can't decide it was all good

CIHI, Social Networking, learning about the specific issues that black people experience

Data panels

Day 3:

Being in a room, virtually or in person, is very motivating and underlines the need for us as individuals to keep on doing whatever we are passionate about in health care in Canada.

A place to discuss with others in a trusting space

Appendix 4: Sponsors

Thank you to our sponsors!

Thank you to our working group sponsors!

Thank you to our co-hosts!