

# Equity Indicators Generation

Welcome to this REDCap form for the Healthcare Equity Indicators taskforce. Here you will be able to input all the indicators you think would be pertinent. We will then gather them all, remove duplicates and submit them to the experts taskforce during the first meeting in the beginning of 2022.

Please, feel free to input as many pertinent indicators as you can think of. The indicators are split on the 3 criteria : Structure, Process and Outcome and 2 subcriteria Inpatients and Outpatients. For any information on these criterias, we invite you to read the document "Healthcare Equity indicators: what are we looking for ?" that we emailed you.

Thank you very much for your time and we look forward to read your suggestions.

- 1) Expert's email, used to send the form to.

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## Structure indicators

- 2) Please fill in this box with your suggestions for equity of care indicators that concerns Structure for Inpatients.

Example : Availability of Halal menu for inpatients

(Please separate each new indicator by a line break)

- 3) Please fill in this box with your suggestions for equity of care indicators that concerns Structure for Outpatients.

Example : Availability of interpreters for outpatients consultations

(Please separate each new indicator by a line break)

## Process Indicators

- 4) Please fill in this box with your suggestions for equity of care indicators that concerns Process for Inpatients.

Example : Time between indication and surgery, difference by socio-economic status

(Please separate each new indicator by a line break)

- 5) Please fill in this box with your suggestions for equity of care indicators that concerns Process for Outpatients.

Example : At least 2 pain evaluations per day, difference by gender

(Please separate each new indicator by a line break)

## Outcomes Indicators

- 6) Please fill in this box with your suggestions for equity of care indicators that concerns Outcomes for Inpatient.

Example : Change in pain prescription for patients with pain > 7 on visual analog score, difference by gender

(Please separate each new indicator by a line break)

- 7) Please fill in this box with your suggestions for equity of care indicators that concerns Outcomes for Outpatients.

Example : Screening for colorectal cancer among >50 y.o.. Difference by socio-economic status

(Please separate each new indicator by a line break)

# Equity\_Indicators\_Selection

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Welcome to this form for the first round of the healthcare equity indicators selection. We've taken all indicators you proposed during the generation stage, removed duplicates, and added the indicators coming from the scoping review.

Please rate each indicator by giving them a score from 0 (worst) to 10 (best) on the 4 criteria: Validity, Feasibility, Patient Coverage and Actionability. These dimensions are defined in the table below and the full document "Healthcare Equity indicators: what are we looking for?" that you received by email is available in the file repository (left side menu). If you would like to add an indicator or leave a comment, there is a free text box at the end of this survey.

**Validity** A test is valid for measuring an attribute if and only if a) the attribute exists and b) variations in the attribute causally produce variations in the outcomes of the measurement procedure

**Feasibility** Feasibility describes the ease to gather the indicator.

**Patient Coverage** Patient Coverage describes the amount of all patients that will be concerned by this indicator. For example, an indicator concerning only patients older than 95 would have a very low rating, whereas an indicator concerning all surgical care patients would have a high rating.

**Actionability** An indicator measures an aspect of quality that is subject to control by providers and/or the health care system and how much the value of the indicator could be modified by some actions

For indicators that we considered duplicates, we provided a summary title. If you feel an indicator you proposed disappeared, you can see the full list of indicators, and how we combined them in "Full list of indicators generated" in the file repository.

Thank you very much for your time!

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Structure Inpatient Indicators

Indicators Validity Feasibility Patient Coverage Actionnability  
Availability of interpreters

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Rate of doctors speaking local language / dialect

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Availability of mediators

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Availability of documents of information and consent in several languages

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Accessibility to informative documents in several foreign languages for patients or existence and systematic use of procedures to inform patients about their psychiatric diagnosis and health care, taking into account cultural and linguistic differences

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Existence/activity of an institutional referent for issues related to migration, by a professional trained in transcultural approaches and psychotrauma related issues. Example: He/she can be called upon as a supervisor, consultant for complex clinical cases,...

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Ongoing/continuous training offer for employees on cross-cultural skills

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Rate of staff with certified transcultural competencies

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Funding allocated to support equity training

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Existence and use of procedures for collaboration between the psychiatric service and the primary care service, as well as the social institutions dealing with asylum seekers and refugees. Example: How to access mental health services, the type of support that can be obtained and how to coordinate the different services...

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Availability of appropriate food for religious or other reasons

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\_\_\_\_\_

Availability of information about treatment in simple language

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Access to real-time translation for deaf patients

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Difference in access to rare drugs

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Difference in access to single room for similar level of insurance

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Presence of a comprehensive hospital policy and an annual action plan to ensure that vulnerable patients also enjoy the rights of access and care established by cantonal and federal laws.

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Regular visits by senior physicians

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Availability of information - when who and why - about the daily interactions with professionals

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Availability of social workers

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Systematic review of the level of equity of care

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Availability of 'social triage' to identify vulnerable patients at an early stage who are referred and followed up by an ad hoc cultural mediation service

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Minimally invasive surgery availability

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Time to drive to closest palliative care service

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Availability of adolescents and young adults with cancer specialised centers and awareness of their existence

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Availability of psycho-oncologic care and social service counseling in oncologic centers

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Availability of Acute ischaemic stroke Unit

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Availability of paediatric renal replacement therapy

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Multi-cultural, multi-religious chaplaincy

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Orientation pictogram at the entrance of hospital to facilitate orientation of allophone patients

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Database at admissions recording main spoken language to allow for translations

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Entrance of hospitals adapted for physical handicapped patients

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Documentation of main language spoken, health insurance status, employment, SES at admission

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### Structure Outpatient Indicators

Indicators Validity Feasibility Patient Coverage Actionnability  
Availability of interpreters

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Rate of doctors speaking local language / dialect

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Availability of documents of information and consent in several languages

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Use culturally and linguistically validated screening and diagnostic assessment tools/scales. Examples: Use of DSM-V cultural formulation interview and assessment or similar tools, or other validated scales.

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Ongoing/continuous training offer for employees on cross-cultural skills

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Rate or number of hours of staff with certified transcultural competencies

Existence and use of procedures for collaboration between the psychiatric service and the primary care service, as well as the social institutions dealing with asylum seekers and refugees. Example: How to access mental health services, the type of support that can be obtained and how to coordinate the different services...

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Existence of ambulatory care structure for people without legal documents to live in the country

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Systematic review of the level of equity of care

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Availability of 'social triage' to identify vulnerable patients at an early stage who are referred and followed up by an ad hoc cultural mediation service.

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Appropriate support for people with mental disabilities (accompanying person/animal for autistic for instance)

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Access to family planning even when minors

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Access to HIV care for minors

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Accessibility to non-urgent outpatient medical consultations for underserved groups of residents (sans-papiers (undocumented) migrants, asylum seekers, homeless) including those without health insurance

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Accessibility of primary health care in the neighborhood/for home visit

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Accessibility of specialist in the neighborhood

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\_\_\_\_\_ Accessibility of nursing care in the neighborhood/for home visit

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\_\_\_\_\_ Accessibility of pharmacist care in the neighborhood/for home visit

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\_\_\_\_\_ FOR PRIMARY CARE: Collaboration with a psychiatric service to improve the screening on mental health by GPs, supervise GPs, develop integrative follow-up the psychiatrist with the GP for complex cases... (Primary care is optimal for early identification, treatment, management, education and counseling, relapse prevention, and coordination of common mental disorders).

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\_\_\_\_\_ Availability of helicopter emergency medical service

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\_\_\_\_\_ LGBTIQ+ friendly waiting rooms (Posters, messages,etc...)

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Process Inpatient Indicators

Indicators Validity Feasibility Patient Coverage Actionnability  
Difference in pain prescription for patients with pain>5 on visual analog score

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Number of measures of pain levels

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Percentage of pain scale documentation at triage or on ED admission

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Change in pain prescription for patients with pain>7 on visual analog score

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Proportion of allophone patients receiving translation services

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Use culturally and linguistically validated screening and diagnostic assessment tools/scales. Examples: Use of DSM-V cultural formulation interview and assessment or similar tools, or other validated scales

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Time between patient need and delivery of care

NOTE: this indicator had many declinations (Time between indication and surgery, Time between the call of the patient and the arrival of a professional, Time between the indication of discharge and contact with social worker, Waiting times for elective surgery). If selected, the next round will focus on choosing the exact implementation

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Waiting times

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Length of stay within same pathology

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Length of stay for psychiatric hospitalisations

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Access times for urgent care, diagnostic tests or outpatient visits

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Measure of risk for pressure ulcers (e.g. braden)

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Healthcare renunciation for financial reasons

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Work in an integrative way: psychiatrist, GPs, and social worker.

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Divergence between medical records and patient statements (Knowledge of prescribed medications and their purpose)

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Number of contacts from access to discharge with the doctor

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Number of contact with nurses from access to discharge

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How many changes in the therapy from entry to discharge

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Severity chosen on the triage scale for each visit motive defined in the scale

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(Primary) Cesarean Delivery Rate

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Rate of episiotomy

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Obstetric trauma rate (delivery)

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Rate of hysterectomies

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Location of discharge

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Specific procedures rates stratified

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Missed diagnosis in ER

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Time spent with patient (by nurse/physician)

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Process Outpatient Indicators

Indicators Validity Feasibility Patient Coverage Actionnability  
Time between indication and surgery

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Time between presentation and first medical contact

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Waiting times

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Access times for urgent care, diagnostic tests or outpatient visits

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Documentation of main language spoken, health insurance status, employment, SES at admission

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Proportion of allophone patients receiving translation services

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Difference in pain prescription for patients with pain>5 on visual analog score

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Change in pain prescription for patients with pain>7 on visual analog score

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Evaluation of pain

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ER visit rate

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Healthcare renunciation for financial reasons

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Up to date vaccination status

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At least one interactions with the family doctor a week after discharge

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Number of follow-up in community started in ER (at-home visits, Medico-Social centers, mobile teams)

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Proportion of surgery in outpatient setting (list ambulatory surgery turn)

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Work in an integrative way: psychiatrist, GPs, and social worker

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Annual serum HbA1c, Cholesterol and microalbuminuria testing in type 2 diabetics

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Evaluation of architectural barriers for at-home-care discharge

(Example: availability of an elevator if patient can't climb stairs)

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Outcome Inpatient Indicators

Indicators Validity Feasibility Patient Coverage Actionnability  
30-day rehospitalisation rate

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Emergency readmissions (all-cause; within-year rather than 30-day or 90-day repeat hospitalisation)

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Number of specific occurrences of care received by allophones

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Hip fracture mortality rate

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Patient satisfaction

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Prevalence of pressure ulcers

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Constraints and seclusion in psychiatry

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In-hospital mortality

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Death rate in low-mortality diagnosis related groups (DRGs)

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Emergency admissions

Observed lack of appetite

Number of inpatients leaving prematurely against medical advice / total number of inpatients

Avoidable/preventable hospital admissions

Percentage of admission from ED to hospital wards

Number of compulsory admissions / number of admissions to emergency departments

Medication during psychiatric hospitalisations

ICU admission by diagnosis and available ICU spots

Proportion of Covid patients admitted to ICU

Care consumption of patients with Chronic Heart Failure after a hospital admission

Total hip and knee replacement

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Re-operation rates

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In-hospital fall with hip fracture rate

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Proportion of inpatients with cancer admitted as emergencies

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Specialist referral for hip pain

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Selected infections due to medical care rate

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Postoperative sepsis rate

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## Outcome Outpatient Indicators

Indicators Validity Feasibility Patient Coverage Actionnability  
Cervical cancer screening rate

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Colorectal cancer testing for male >50 YO

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Mammography screening

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Changes in prescription in the first week after discharge

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Preventable admission rate after ER visit

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ED visits < 30 days post hospitalization

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Number of emergency department patients who leave the facility prematurely against medical advice / total number of urgent visits

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Number of migrant patients (allophone and not allophone) with follow-up in day centre / outpatient facilities.

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Number of therapy sessions per allophone migrant patient, compared to patients speaking the language of the country / region

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Number of therapy sessions per migrant patient (not allophone), compared to patients non migrants.

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Patient satisfaction

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Prescription of Ritalin and other to children

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Quality of life stratification

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Measures of morbidity

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No-show rate: number of patients who do not show up for visits / total outpatient visits

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Hip fracture treatment (surgical vs conservative)

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Bone Density measurement and Osteoporosis medications

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Self-rated health

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HIV advancement at diagnosis

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LDL-Cv levels

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Blood Pressure

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HbA1c (HbA1c, HbA1c Levels in type 2 diabetics)

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Percentage of HbA1c reduction 6 month after diabetes type 2 diagnosis

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Prostate Cancer Presentation stage at diagnosis

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Mental health services utilisation

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Covid-19 testing and positive test proportions

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Referral to a cardiologist at 12 month follow up in patient with chest pain complaint in ambulatory care

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Dying at home

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Dental check-ups

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Proportion of persons with self-declaring unmet needs for dental care services to financial barriers

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Difference in access to rare drugs

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Stratifiers

Indicators Validity Feasibility Patient Coverage Actionnability  
Socio-Economic status

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Socio-economic status by subarea of residence (similar to CDC measure of vulnerability)

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Education level

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Gender

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Age category

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Allophones

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Migration status

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Cultural differences (Ex: religious restrictions)

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Homelessness

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By location (zip-code, canton,...)

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Rural vs urban

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Sexual orientation

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Sexual identity

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Health literacy

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Obesity

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validity\_r1\_i108

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feasibility\_r1\_i108

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patientcoverage\_r1\_i108

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actionability\_r1\_i108

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Please use this box to add indicators if you think some are missing, or to leave a comment.

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# Equity\_Indicators\_Selection\_2

Welcome to this form for the second round of indicator selection for the equity indicator project.

With the selection of the first round, we ended up with 35 indicators and 8 stratifiers. Next to each indicator or stratifier, we provide the average patient coverage. We assembled the indicators into themes that have internal coherence. We hence propose 6 packages that hold some internal connection between structure, process, and results indicators and ask you to rank them on a mixed criteria of feasibility and actionability. This should allow us to select a set of indicators that are not only valid but also easily implementable and able to lead to a change in practice.

Similarly, we will ask you to rank the 8 stratifiers from the best to the worst in term of feasibility and actionability.

Thank you,

For inpatients, the chosen themes are as follows :

	<b>outcome</b>	<b>patient coverage</b>	<b>process</b>	<b>patient coverage</b>	<b>structure</b>	<b>patient coverage</b>	
Theme 1 : rehospitalisations	Rehospitalisations	30-day rehospitalisation rate	8.10 (2.08)	length of stay	8.30 (2.16)	Availability of social workers	6.70 (2.26)
		Emergency readmissions	7.90 (2.47)			Availability of information about treatment in simple language	7.20 (2.78)
Theme 2: Admission	Admissions	Emergency admissions	7.50 (2.51)	access time urgent care	7.60 (2.72)	Ongoing/continuous training offer for employees on cross-cultural skill	5.36 (2.42)
		Preventable hospital admission	7.20 (2.86)	Healthcare renunciation for financial reasons	6.60 (2.99)		
Theme 3 : Patient Satisfaction	Patient satisfaction	9.10 (1.73)	Delay in care	waiting time	8.70 (2.11)	Ongoing/continuous training offer for employees on cross-cultural skills	5.36 (2.42)
				Time between patient need and delivery of care	8.80 (1.87)	Access to real-time translation for deaf patients	3.09 (2.30)
			Proportion of allophone patients receiving translation services	4.70 (2.67)	Availability of interpreters	4.73 (2.49)	
orphan						Existence/activity of an institutional referent for issues related to migration	4.36 (2.46)
						Entrance of hospitals adapted for physical handicapped patients	5.20 (3.29)

## Inpatients Themes Ranking

Best in terms of feasibility and actionability

Worst in terms of feasibility and actionability

- |  |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|
| 1) Theme 1 : Rehospitalisation   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) Theme 2 : Admission   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3) Theme 3 : Patient Satisfaction  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4) One of the indicators did not fit within the themes of the other indicators selected in round 1. Please indicate if we should select it as a final indicator or leave it out. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- keep 'entrance adapted for physical handicapped patients' in final selection
- leave it out

For outpatients, the chosen themes are as follows:

	<b>outcome</b>	<b>patient coverage</b>	<b>process</b>	<b>patient coverage</b>	<b>structure</b>	<b>patient coverage</b>
Theme 4: economic constraint	Proportion of persons with self-declaring unmet needs for dental care services to financial barrier	6.40 (3.31)	Healthcare renunciation for financial reasons	7.30 (2.50)	Existence of ambulatory care structure for people without legal documents to live in the country	3.10 (1.85)
Theme 5: Language barriers			Proportion of allophone patients receiving translation services	4.90 (2.81)	Availability of documents of information and consent in several languages Ongoing/continuous training offer for employees on cross-cultural skills Availability of interpreters Existence of ambulatory care structure for people without legal documents to live in the country Ongoing/continuous training offer for employees on cross-cultural skills	6.00 (1.76) 5.90 (1.97) 5.20 (2.25) 3.10 (1.85) 5.90 (1.97)
Theme 6: Prevention care	Colorectal cancer testing for male >50 YO Cervical cancer screening rate Dental check-ups Mammography screening	5.90 (2.42) 6.20 (2.35) 8.80 (1.62) 5.80 (2.35)	Healthcare renunciation for financial reasons ER visit rate	7.30 (2.50) 7.00 (2.71)		

### Outpatients Themes Ranking

	Best in terms of feasibility and actionability		Worst in terms of feasibility and actionability
5) Theme 4: Economic constraint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Theme 5: Language barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Theme 6: Prevention care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### The selected stratifiers ranking

	1: Best in feasibility and actionability	2	3	4	5	6	7	8: Worst in feasibility and actionability
8) Gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9) Socio-Economic status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Migration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Allophones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12) Age category	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13)								

Education level	<input type="radio"/>							
14) Homelessness	<input type="radio"/>							
15) Health literacy	<input type="radio"/>							

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16) Please use this box to input any suggestions you may have on the process so far.

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