

# Better Health for All

## Health Status Reporting Series 3

### Advancing Health Equity in Health Care



**A Message from Dr. Cory Neudorf**  
**Chief Medical Health Officer**  
**Saskatoon Health Region**

The **Better Health for All Series** highlights key findings about the health status of Saskatoon Health Region residents<sup>1</sup>. Our vision is for a community in which everyone has a chance to live a healthy life and has the same opportunities to reach their full health potential. Our series highlights actions being taken to make this vision a reality and what more we can do to create better opportunities for everyone to achieve better health.

*The measure of a country's greatness should be based on how well it cares for its most vulnerable populations.*  
-Gandhi

The conditions in which we live, work, learn and play have a huge impact on our health. The stark reality is that many people who live in our Health Region do not have the same opportunities to be as healthy as others and as a result, live shorter lives. In fact, those who live in areas of highest deprivation<sup>2</sup> are expected to live about 9 years fewer than those who live in areas of lowest deprivation. This is not fair and does not need to be this way. Although achieving [health equity](#) is much broader than the health care system, the health care system does make a difference and does have a role in addressing inequities.

### Better Health for All - Series 3: Advancing Health Equity in Health Care

Over the years, the [Public Health Observatory](#) has identified significant differences in people's health based on where they live and their socioeconomic circumstances. Closing this gap in health equity is a [strategic direction](#) for the Health Region. While I am encouraged by the progress toward closing these gaps, we must continue to create greater positive change as there is clearly much more to be done.

#### Saskatoon Health Region's Promise

*Every moment is an opportunity to create a positive experience in the way we treat and care for people, in how we work and interact with each other, and in how we deliver quality service. We promise to seize every opportunity.*

Series 3 of our information release examines gaps in health status dating back to 1995 and looks at trends to assess whether [gaps are widening, staying the same or narrowing across a number of health conditions](#). In this analysis, a [Deprivation Index](#) was used to compare health conditions across five areas of Saskatoon, each containing about 20 percent of the city's population. These five areas were ranked from lowest to highest deprivation. Based on the research findings, an assessment of Region plans and strategies, and a wide consultation process with health care providers and selected non-government health organizations, we report on how [available, accessible and acceptable](#) our health care

<sup>1</sup> Data analyzed for the purpose of this report examines city of Saskatoon residents only. Rural data for our Health Region will be examined through an upcoming provincial report to be produced by the University of Saskatchewan.

<sup>2</sup> Deprivation in Saskatoon was identified using an index of six socioeconomic variables (income, education, employment, marital status, single-parent families, and living alone). The index divides the City of Saskatoon into five categories ranging from highest to lowest deprivation and each area contains approximately one fifth of the population

services are; all important elements of a [high quality health care system](#). This information informs recommended next steps.

## Promoting Health Care Equity - What Did We Find?<sup>3</sup>

Our latest findings show that we are generally making gains in improving the health of people who live in Saskatoon Health Region:

- Average [life expectancy](#) at birth has been increasing for the population. People who live in Saskatoon's areas of lowest deprivation have seen the most gains in life expectancy and generally have better health.
- On average, hospitalization rates for cancer, chronic obstructive pulmonary disease (COPD), stroke, heart disease, mental illness, injury, and intentional self-harm have all decreased since 1995, which is a common trend across [Canada](#).

But we have work to do:

- On average, people living in areas of highest deprivation are not expected to live as long as the general population. Since 1997, average life expectancy is increasing across the Region while in areas of highest deprivation life expectancy has remained the same.
- Those living in areas of highest deprivation have higher rates of hospitalization and physician visits than those living in areas of lower deprivation for the majority of the health conditions examined.
- For most conditions, the differences in health exist not only between the areas of highest and lowest deprivation, but follow a clear gradient pattern. This means that health improves as deprivation decreases.
- The gap in health between those in areas of highest and lowest deprivation remains persistent and in some cases is getting wider. More work is needed to better understand whether health care use appropriately matches health care need.
- Diabetes is the only condition for which hospitalizations are showing signs of increasing for everyone, and most notably for those living in areas of highest deprivation.

## What Did We Hear From Health Care Workers?

In order to address the gaps in health equity, we [consulted](#) numerous health system managers, physicians, staff and non-government organizations to begin to identify some of the barriers within our own organization and what might be perpetuating them. Here's what they told us:

**Health Information Has Gaps:** We heard that information to advance health equity and improve patient, client and family-centred care is often not collected, used or shared. We heard that follow up care is more difficult for populations with complex needs and health care providers often don't have enough information about their patients' circumstances limiting their ability to better support them (e.g. patients may have transportation challenges, live in poor housing circumstances or lack social supports). Having this information could lead to better care for patients while potentially reducing the need for more health care services down the road.

**Capacity To Meet Needs Effectively Is An Issue:** We heard that despite keen interest and understanding that health inequities are unfair and preventable, health care providers told us that they often feel powerless to respond to complex

### Hearing from the Front Lines

Public Health Observatory staff, together with Medical Health Officers, held close to 40 focused meetings with programs and services across the Health Region and with relevant health care organizations including the Saskatchewan Registered Nurses Association, College of Physicians and Surgeons, Pharmacists' Association of SK, SK Heart and Stroke Foundation, SK Lung Association, Canadian Diabetes Association, SK Cancer Agency, and SK Prevention Institute. This provided a deeper understanding of some of the barriers to achieving health equity that exist in our Region as well as opportunities to be more health equity focused in our daily service delivery activities, planning and policy development. The key themes generated from the feedback contributed to the development of recommendations to advance health care equity within the Region.

<sup>3</sup> See [CommunityView Collaboration](#) for detailed definitions of these indicators.

needs of patients within our complex system. In other words, barriers mean missed opportunities for preventive care. Health care providers are stretched to the limit making it more challenging to find time to “level up” services to better meet patient/client needs. Staff would like to use some of the time and resources freed up by system improvements to better serve those who need it most.

**Cultural Considerations Are Extremely Important:** We heard that building trusting and strong connections among health care providers and clients, especially those from vulnerable populations, is important and takes time. Racism and discrimination create tremendous challenges to establishing this trust. We heard stories of overt racism in our system. For example, First Nations patients having left the health care system due to negative experiences with staff, not having received the care they needed.

For the newcomer populations, we heard that they face barriers within the system making it challenging for them to navigate.

**Health Care System Itself Creates Barriers:** We heard that the structure and policies of the health care system are complex and often inadvertently perpetuate inequity. For instance, we heard many examples of where the relationship between the federal and local efforts to meet the needs of First Nation people created access barriers and placed undue burden on patients, health care providers and the system itself.

## What Is Saskatoon Health Region Already Doing To Improve Health Equity?

Targeted actions are showing promise. A review of health region plans and strategies revealed that some aspects of equity are reflected in the Region. In addition, the Health Region has made some of the following advances in:

**Improving Accessibility:** Mental Health and Addictions programs and services have long recognized that community partnerships are key to ensure mental health and addictions needs are met where individuals will benefit most. This has resulted in the Region supporting such initiatives as the Lighthouse stabilization shelter, the Police and Crisis Team (PACT), and staffing of mental health workers directly in the community [e.g. mental health coordinator at Central Urban Métis Federation Inc. (CUMFI)].

**Improving Availability:** Within its universal provision of immunization coverage services, and informed by an equity lens, Population and Public Health has developed targeted approaches to increasing immunization services in under-immunized neighbourhoods including moving services closer to where the needs are greatest, increasing hours of operation at some locations and partnering with schools to offer services closer to people.

**Improving Acceptability:** The Aboriginal Health Strategy (2010-2015) was developed by the Strengthening the Circle partnership of Central Urban Métis Federation, Inc., Kinistin Saulteaux Nation and Saskatoon Health Region. *Strengthening the Circle: Partnering for Improved Health for Aboriginal People* led to the creation of the Aboriginal Health Council. The Saskatoon Health Region also established an Aboriginal Patient and Client Advisory Committee to seek the voices of First Nations and Métis patients in improving health care services. The First Nations and Métis Health Services team facilitates navigation services, offers cultural support and provides an interpreter when needed to First Nations and Métis people accessing Saskatoon Health Region services. The Representative Workforce team has been striving to increase the number of First Nations and Métis people who work for the Health Region, and some programs and services across the Region are working to become more culturally competent and have been providing cultural competency workshops for staff. In addition, the Health Region is increasing its capacity to provide translation services in a multitude of languages.

## Achieving Better Health for All – A Call to Action for the Health Care Sector

Everyone has the right to achieve their full health potential. Improving health equity means that everyone’s health improves, that the health care system meets the needs of the population it serves, and our communities become better places in which to live.

To help make health care services more accessible, available and acceptable for everyone, there are several actions for Saskatoon Health Region to consider:

## 1. Create A Culture Of Equity In Saskatoon Health Region That Can Be Advanced Through:

- a. Clear leadership commitment to health equity at the highest levels and throughout the health care system;
- b. Clear commitment to the Region's vision of Healthiest People, Healthiest Communities, Exceptional Service and strategic direction for Better Health, with its explicit focus on reducing health inequities;
- c. Emphasizing that the goal to promote health equity aligns with and supports the Region's goals to improve quality of care, patient satisfaction, staff engagement, and value;
- d. Adoption of a regionally developed position statement on health equity that clearly articulates what it means in practice, with an accompanying plan that provides details for operationalizing health equity;
- e. Commitment to ongoing monitoring and reporting on health equity that looks not only at trends in health outcomes but continues to measure the Health Region's incorporation of [equity in its plans and strategies](#).

## 2. Apply A Health Equity Lens To Existing Policy Barriers That:

- a. Reorients the health care system to promote health equity at all levels, departments, programs and services;
- b. Enables a courageous, transparent and honest acknowledgement of where the health care system plays a role in creating or perpetuating health inequities; and,
- c. Ensures care provided is proportionate to need and available, accessible, and acceptable.

## 3. Prioritize Efforts To Continue To Increase Cultural Competency, End Systemic And Institutionalized Racism And Promote Cultural Safety In Saskatoon Health Region.

Saskatoon Health Region's boundaries are contained within Treaty 6 Territory. First Nations and Métis people are dynamic and energized populations that have fundamentally contributed to the formation of our society and yet, whose health potential is not fully realized.<sup>4</sup> This is due to a combination of economic, political and social disparities stemming from the complex relationship between Aboriginal peoples and Canada.

Moving forward, it is important that we consider the emotional and psychological injury that has occurred over the lifespan and across generations of Aboriginal peoples when observing the inequities still present in many aspects of Aboriginal health and well-being.

Saskatoon Health Region should increase its resources to bolster its current efforts in this area by:

- a. Improving the understanding among all people of the historical and social contexts of First Nations and Métis people;
- b. Adopting the [Cultural Competency Framework](#) that emphasizes seven key domains highlighting successful practice. These include: data, community engagement, diversity and training as organizational commitments, service delivery and support, communication, integration into management systems and leadership;
- c. Providing more training to increase cultural competency and cultural safety for professionals across sectors and how it applies to them in their daily lives, recognizing that racism can be intentional and unintentional;

We envision a world in which all First Nation, Inuit and Métis people have achieved full and equitable access to the conditions of health including: pride in ancestry, cultural reclamation, peace, shelter, education, food, income, a stable environment, resources, and social justice, [a]nd where the gifts and wisdom of First Nation, Inuit and Métis cultures are recognized as valuable, distinctive and beautiful.

[Wabano Centre for Aboriginal Health](#) as referenced in the Strengthening the Circle's Aboriginal Health Strategy 2010-2015

<sup>4</sup> Refer to the Saskatoon Health Region's [Public Health Observatory](#) for information on health disparity in our Region.

- d. Employing more advocates and cultural translators to bridge understanding between the health care system and First Nation and Métis families and provide system navigation support;
- e. Setting and meeting targets for a more representative workforce and tying those to accountabilities;
- f. Conducting further intervention research aimed at improving the lives of First Nation and Métis people through collaborative, respectful and equitable partnerships; and
- g. Increasing delivery of services by First Nation and Métis agencies and providers.

#### 4. Anticipate The Needs Of Newcomers.

The Health Region has expanded services to support this growing proportion of the population through mental health, primary health care, and translation services, but challenges in meeting needs persist.

It is well documented that newcomer health is typically quite good upon arrival in Canada, but tends to decline over time. [New local research](#) shows that the health of newcomer children is also at risk as obesity rates are high, food insecurity is high and over 90% of children are not meeting daily healthy food recommendations. We have opportunities to prevent this decline in health by working together to ensure that newcomers have equal opportunities to participate in Saskatoon's economic, social, intellectual and cultural life.

Saskatoon Health Region should increase supports for newcomers by:

- a. Providing translation and other services to ensure access and culturally appropriate service delivery;
- b. Expanding intersectoral partnerships with NGOs to deliver more efficient and effective service coordination;
- c. Collaborating with local researchers to better tailor prevention opportunities to newcomers.

#### 5. Implement Tools To Enhance Patient-Centred Care:

- a. Invest in the development and implementation of tools to measure, monitor and improve health equity (e.g., improved sociodemographic data collection);
- b. Embed the principles of health care equity within Saskatoon Health Region's Lean Management System; and,
- c. Increase capacity within departments, programs and services to conduct [Health Care Equity Audits \(HCEA\)](#).

#### 6. Increase Investment And Supports For Intersectoral Collaboration To Promote Health Equity:

- a. Provide leadership and contribute to provincial and regional intersectoral partnerships that address poverty, homelessness, crime, and other deep-rooted social challenges, recognizing that equity in health is broader than the health care system and prevention preferable to treatment;
- b. Working with other sectors, promote an 'all of government approach' to improving the social determinants of health, where the health impacts of all policies are considered before they are implemented and evaluated over time to ensure they are helping to reduce inequities.
- c. Encourage existing and potential private sector partners interested in promoting health to act "upstream" by investing in social determinants of health other than health care services; and,
- d. Promote the societal value of quality universal public services, including health care, which is an ethical imperative and [crucial to advancing health equity](#).

#### 7. Prioritize Action To Advance Health Equity:

We need to prioritize the health conditions showing the greatest inequalities by better understanding the populations that are experiencing them. Through a combination of different equity measures<sup>5</sup> and discussions with health care providers, the population groups most vulnerable to conditions such as mental illness, diabetes, chronic obstructive pulmonary disease (COPD), heart disease, tuberculosis (TB), and

<sup>5</sup> See [Technical document](#) for overview of measures. These include rate ratios, rate differences, Lorenz curves and Gini coefficients.

sexually transmitted infections (STI) should be prioritized for interventions aimed at improving health equity. The health care system does have a role to play in identifying those patients/clients that may be experiencing unmet needs and are at increased risk of additional health conditions. Further examination within the identified priority areas using tools such as the Health Care Equity Audit can help us to better understand our patients/clients and provide more equitable services that are available, accessible, and acceptable.

## Final Words

While it's clear that this call to action will not be achieved overnight, building the momentum for a fundamental shift in our thoughts, actions and approaches is key to achieving greater equity in health care. There is much already that should be celebrated and replicated; let's use our collective talents, creativity and commitment to spread the successes and ultimately advance **better health for all**.

Over the coming months my team will be bringing this information to you across the health region. We're planning a health equity forum next spring and look forward to working with you to develop our vision and action plan for health equity in Saskatoon Health Region.

## Acknowledgments

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Saskatoon Health Region	Outside Saskatoon Health Region
Adult Medicine and Complex Care	Canadian Diabetes Association
Communications	College of Physicians & Surgeons
Ethics	Global Gathering Place
First Nations and Metis Health Services	Heart and Stroke Foundation
Homecare	Individual Physicians
Kaizan Promotion Office (KPO)	Pharmacists' Association of Saskatchewan
Maternal and Children's Services	Physician Advisory Committee
Mental Health and Addiction Services	Saskatchewan Cancer Agency
Office of the Chief Medical Health Officer	Saskatchewan Ministry of Health
Operations Management Committee	Saskatchewan Mental Health Commission
Organizational Learning and Leadership	Saskatchewan Prevention Institute
Population and Public Health	Saskatchewan Registered Nurses Association
Primary Health Care and Chronic Disease Management	Saskatoon Community Clinic
Surgery Services	Student Wellness Initiative Toward Community Health (SWITCH)
	The Lung Association

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## Learn More about the Better Health for All Series

We invite you to consider the information that we have presented in this message and through [CommunityView](#). It is our hope that you will use the *Better Health for All* series to inform the decisions you make towards advancing the vision of a community in which everyone has the opportunity to live healthy lives. Available reports include:

✓ **Series 1, March 26 2014**

**Our Population-** A high level look at who lives in our Region. Differences in health outcomes by socioeconomic conditions will be released in upcoming series.

✓ **Series 2, May 21 2014**

**Immunization-** Examines a selected set of immunization indicators to report on progress and gaps in coverage rates. Proposes further action to ensure equal opportunities for access to immunization.

✓ **Series 3, June 23 2014**

**Advancing Health Equity in Health Care-** Examines a range of health inequalities and proposes health care system action to create equal opportunities for all to achieve better health.

### Upcoming Planned Releases Include:

**Summer 2014:** Communicable Disease

**Fall 2014:** Health Behaviours, Maternal and Child Health, and HIV

**Release date to be determined:** A report on Community Wellbeing- Developed in partnership with the Saskatoon Regional Intersectoral Committee discusses, in greater detail, the social determinants of health and wellbeing.