Health Equity Position Statement

Background

In keeping with our vision, mission and values, and as a means of supporting our strategic directions, Saskatoon Regional Health Authority (SRHA) has developed this position statement on health equity. This document will serve as our touchstone as we continue toward our goal of *better health for all*.

Our Vision: Healthiest People, Healthiest Communities, Exceptional Service

Our Mission: We improve health through excellence and innovation in service, education and research, building on the strengths of our people and partnerships.

Our Values: Respect, Compassion, Excellence, Stewardship, Collaboration

Our Strategic Directions:

- Better Health: Improve population health through health promotion, protection and disease prevention, and collaborate with communities and different government organizations to close the health disparity gap.
- Better Care: In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.
- Better Teams: Build safe, supportive and quality workplaces that support patient and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.
- Better Value: Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

What is Health Equity?

Health Equity is the principle of, and commitment, to incorporating fairness into health by reducing health inequalities.[1] It implies that all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender identity, sexual/romantic orientation, age, disability, social class, where they live, socioeconomic status or other socially determined circumstances.[2]

Health inequities are defined as "differences which are unnecessary and avoidable and which are also considered unfair and unjust".[3] Health inequities represent *differences in opportunity* for different populations, and these inequities result in unfair and unequal life chances and barriers to health, social and economic systems. Health inequities arise from gaps related to the social determinants of

health, which are the socially determined circumstances in which people are born, grow, live, work and age, including the healthcare system.[4]

The principles of healthcare equity compel us to develop and deliver healthcare services that are available, accessible and acceptable to everyone in the population, while maintaining a high degree of quality.[5] Equity is a key dimension of quality.

Quality care is defined as "doing the right thing, for the right patient, at the right time, in the right way to achieve the best possible results".[6] The Institute of Medicine challenges all healthcare organizations to pursue six major aims of healthcare improvement: safety, timeliness, effectiveness, efficiency, equity and patient-centredness.[7] "Equity aims to ensure that quality care is available to all and that the quality of care provided does not differ by race, ethnicity, or other personal characteristics unrelated to a patient's reason for seeking care."[8]

Therefore, a key aspect of achieving health equity is cultural safety. Cultural safety is an outcome, a feeling of safety defined and experienced by patients or clients. It is based on respectful interaction, an understanding of the power dynamics inherent to health service delivery, the elimination of institutional racism and discrimination, and is driven by the need to create equity through education and systemic change. It acknowledges that we are all bearers of culture, and must all reflect on and challenge our own attitudes, beliefs, assumptions and values. It means moving beyond the aforementioned concepts by analyzing imbalances in power and privilege, institutional racism, discrimination and colonial relationships as they apply to health care.[9]

The Saskatoon Regional Health Authority recognizes that:

- Health inequities exist in our Region.
    - Over the last 15 years, health inequities between residents living in the areas of highest and lowest advantage have remained wide and persistent for many health conditions, including injuries, intentional self-harm, diabetes, heart disease and mental health disorders. The average life expectancy of residents living in areas of least advantage in Saskatoon is nine years less than residents in areas of most advantage.[10]
- Although achieving health equity requires action beyond the scope of the healthcare system, the healthcare system does make a difference and does have a role in addressing inequities.
- Too often, patients and families are harmed because the care we provide may not be culturally safe.
    - While we have begun to address cultural competency in Saskatoon Health Region, experiences of racism and discrimination vary across the system and directly impact care and health outcomes. Whether intentional or not, people face racism and discrimination that has a direct impact on their health and well-being.
    - Health of newcomers to Canada is typically quite good upon arrival, but tends to decline over time. Newcomer populations face cultural,

language and other barriers within the Region making it challenging for them to navigate our healthcare system.[11]
    - For First Nations and Métis communities, health and wellness is rooted in a holistic approach to maintaining balanced health. The need to incorporate the spiritual, physical, emotional and intellectual areas of health is integral to healing. Due to negative experiences with staff, many First Nations and Métis people avoid seeking treatment or have left our healthcare system without having received the care they need.[12,13]
- Barriers in our healthcare system have prevented us from consistently providing equitable healthcare services.[14]
    - Our staff does not reflect the diversity of the population we serve: for example, currently only 4.8 per cent of staff within the Region self-identify as First Nations or Métis falling short of the goal of 10 per cent. Exit surveys and client, staff and community feedback indicate that lack of cultural competency in the Region is an ongoing issue.[15]
    - We do not have good information: data to improve patient, client and family-centred care is not systematically collected, used or shared. Healthcare providers and surveys of patient/client experience do not ask about experiences of culturally safe care. Without understanding patient/client needs, follow up care for complex needs are unmet (e.g. patients may have transportation challenges, live in poor housing circumstances or lack social supports).
    - Staff have limited capacity to meet complex needs: despite keen interest and understanding that health inequities are unfair and preventable, healthcare providers often feel powerless to respond to complex needs of patients within our complex system. In other words, system barriers mean missed opportunities for better care. Healthcare providers are also stretched to their limit making it challenging to find time to meet patient/client needs.
    - Our healthcare system itself creates barriers: the structure and policies of the healthcare system are complex and often inadvertently perpetuate inequity by creating access barriers and placing undue burden on patients, healthcare providers and the system itself. The complexity is compounded by jurisdictional issues, including funding arrangements, resource sharing, infrastructure concerns and rules governing how services are allocated.[16]
- Building trust among healthcare providers and communities, clients, patients and families is important[17] and begins with establishing a respectful relationship.[18]
    - Reconciliation requires constructive action on addressing the ongoing legacies of colonialism that have had destructive impacts on First Nations and Métis peoples' education, cultures and languages, health, child welfare, the administration of justice, and economic opportunities and prosperity. It must create a more equitable and inclusive society by closing the gaps in social, health and economic outcomes that exist between Aboriginal and non-Aboriginal Canadians. The *United Nations Declaration on the Rights of Indigenous Peoples* is the framework for reconciliation.[19]

The Saskatoon Regional Health Authority Commitments

In keeping with our strategic directions of better health, better care, better teams and better value, we are committed to improving health outcomes for all people within our Region, partnering to eliminate health inequities, providing equitable health services and ensuring that patients, clients, residents, families, staff and communities experience culturally safe care.

Specifically, we commit to:

1. **Ensuring that all our health services are equitable and fair by:**
   a. Identifying and removing the barriers that prevent people from accessing healthcare services;
   b. Ensuring that care provided is proportionate to need, available, accessible and acceptable;
   c. Implementing the *Patient First Review* Commissioner's recommendations[20] on respectful care to provide safe and inclusive services and spaces to support cultural competency, cultural safety, and client, patient and family-centred care;
   d. Establishing processes for family, clients and staff to report cultural safety concerns and inequities in care and ensuring a health system response;
   e. Being culturally competent and providing training and educational opportunities for all Saskatoon Health Region staff and physicians;
   f. Setting and meeting targets for a representative workforce;
   g. Providing a culturally safe workplace for all Saskatoon Health Region physicians and staff by enforcing our "Respect for People" Regional policy;
   h. Committing to reconciliation by formally responding to the *Principles of Truth and Reconciliation*[21] identified by the Truth and Reconciliation Commission of Canada; and implementing *Calls to Action*[22] as they are relevant to health and healthcare.

2. **Integrating health care equity in our policies, strategic planning and quality improvement by:**
   a. Considering health care equity at all levels of our organization, and in all of our decision making, including planning, resource allocation, human resources and procurement;
   b. Reflecting the diverse voices of patients, clients, residents, families, staff and communities in our strategic priorities, quality improvement initiatives and decision making;
   c. Integrating health equity principles of accessibility, acceptability, availability and appropriateness into targets and indicators in all quality improvement initiatives.

3. **Utilizing and strengthening intersectoral and community partnerships and collaboration to improve health equity by:**
   a. Expanding intersectoral partnerships to efficiently and effectively coordinate service delivery;

b. Contributing to intersectoral partnerships that address poverty, homelessness, racism, discrimination and other social determinants of health, recognizing that equity in health is broader than the healthcare system and prevention is preferable to treatment;
c. Working within and beyond the health sector to promote an all of government approach to health, where the health impacts of all policies, funding, and practices are considered to ensure they are helping to reduce inequities; and,
d. Supporting community development activities and facilitating meaningful community engagement.

4. Ensuring we are accountable for our health equity commitments by:

a. Monitoring and publicly reporting on health inequities;
b. Reporting regularly on our actions towards health care equity;
c. Engaging patients, clients, residents, families, staff and communities to ensure Region accountability and response, including developing processes for community engagement, information sharing, and monitoring and reporting on health equity action;
d. Developing and implementing tools to measure, monitor, and improve health equity at all levels of the health system;
e. Facilitating open discussions about measured health inequities and enabling courageous, transparent and honest acknowledgement of where the healthcare system plays a role in their creation or perpetuation; and,
f. Researching and implementing best practices to promote health equity at all levels of the health system and beyond the health sector.

Endorsed by:

_____
Saskatoon Regional Health Authority Board Chairperson

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Saskatoon Health Region President and CEO

Dated this _____ day of _____, 20___ in the city of _____in the Province of _____.

Endnotes

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[2] Adapted from Whitehead M, Dahlgren G. *Concepts and principles for tackling social inequities in health: leveling up part 1*. Copenhagen: World Health Organization Regional Office for Europe; 2006.
[3] Ibid.
[4] World Health Organization. *Health impact assessment: Glossary of terms used*. http://www.who.int/hia/about/glos/en/index1.html
[5] Health Canada, *Certain Circumstances: Equity in and Responsiveness of the Health Care System to the Needs of Minority and Marginalized Populations*, 2001.
[6] The Agency for Healthcare Research and Quality, *Your Guide to Choosing Quality Health Care,* 2001.
[7] . Mayberry, R, Nicewander, D, Huanying, Q, & Ballard, D. *Improving quality and reducing inequities: A challenge in achieving best care.* Proc (Bayl Univ Med Cent), 19 (103-118), 2006.
[8] Ibid.
[9] Saskatoon Health Region. *Cultural Safety Primer: Terms and Concepts*. Population and Public Health, 2015.
[10] Reference: Neudorf, C., Kryzanowski, J., Turner, H., Cushon, J., Fuller, D., Ugolini, C., Murphy, L., Marko, J. (2014). Better Health for All Series 3: Advancing Health Equity in Health Care. Saskatoon: Saskatoon Health Region. https://www.saskatoonhealthregion.ca/locations_services/Services/Health-Observatory/Pages/ReportsPublicatlions.aspx
[11]Ibid
[12] Ibid
[13] Saskatoon Health Region Aboriginal Health Summit consultations
[14] Neudorf, C., Kryzanowski, J., Turner, H., Cushon, J., Fuller, D., Ugolini, C., Murphy, L., Marko, J. (2014). Better Health for All Series 3: Advancing Health Equity in Health Care. Saskatoon: Saskatoon Health Region. https://www.saskatoonhealthregion.ca/locations_services/Services/Health-Observatory/Pages/ReportsPublicatlions.aspx
[15] Saskatoon Health Region Representative Workforce
[16] Saskatoon Health Region Aboriginal Health Summit consultations
[17] Neudorf, C., Kryzanowski, J., Turner, H., Cushon, J., Fuller, D., Ugolini, C., Murphy, L., Marko, J. (2014). Better Health for All Series 3: Advancing Health Equity in Health Care. Saskatoon: Saskatoon Health Region. https://www.saskatoonhealthregion.ca/locations_services/Services/Health-Observatory/Pages/ReportsPublicatlions.aspx
[18] Saskatoon Health Region Aboriginal Health Summit consultations
[19] Truth and Reconciliation Commission of Canada. (2015). What we have learned: Principles of Truth and Reconciliation.
[20] Patient First Review, *For Patients' Sake: Patient First Review Commissioner's Report to the Saskatchewan Minister of Health*, 2009.
[21] Truth and Reconciliation Commission of Canada. *What we have Learned: Principles of Truth and Reconciliation*. 2015.
[22] Truth and Reconciliation Commission of Canada. *Calls to Action*. 2015.