

May 2018

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## Health Equity & Cultural Safety Network News

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Welcome back to Health Equity & Cultural  
Safety *Network News!*

Equality is giving everyone shoes.

Equity is giving everyone shoes that fit.



This monthly newsletter is designed to spark learning, dialogue, and health system decisions that reflect our organization's commitment to health equity and cultural safety through our [Health Equity Position Statement](#) and [response](#) to the Truth and Reconciliation Commission's [Calls to Action](#).

**We welcome submissions from the SHA community** - and the broader community we serve. If you would like to share a learning opportunity, resource, community event, or celebrate health equity and cultural safety innovation within our health authority, [send us an email!](#)

**Share with us!**

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**Get Involved!**

### **Blanket Exercise**

Wednesday, May 2

2:00 - 4:30 pm

Station 20 West

This powerful interactive learning experience that explores the historic and contemporary relationship between Indigenous and non-Indigenous peoples in Canada. To register check the [Health Authority Training Registration System](#) under 'Representative Workforce'. Questions? Call Julie at 306-655-2600.

### **Indigenous Awareness Presentation**

Wednesday, May 9

7:00 - 9:00 pm

Join Gilbert Kewistep as he speaks about his experience at Muscowequan Indian Residential School, his healing journey and his work on the TRC Calls to Action and Reconciliation. The event is



free and open to the community. RSVP to [warman.office@greatplainscollege.ca](mailto:warman.office@greatplainscollege.ca) or (306) 242-5377.

**If you do only one thing, watch this!**

***Practicing Cultural Humility:  
Working through an Interpreter***

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## For Your Health Equity Toolkit

[Why U.K. doctors are doling out 'social prescriptions' to treat mental health](#) (audio)

"What we're looking at is non-medical solutions — where appropriate — for people that can often be more transformative than just giving them medication, which doesn't always get to the root of the cause," says Marie Polley, founder of the Social Prescribing Network, a group of health professionals involved with using the method.

[Race Isn't a Risk Factor in Maternal Health. Racism Is.](#)

We—in health, advocacy, and media—need to stop saying and teaching that being Black is a risk factor for illness and death. Instead, we need to start telling the truth: It's exposure to racism that is the risk factor.

[Improving Health Equity: 5 Guiding Principles for Health Care Leaders](#) (IHI)

Attaining health equity is an eye-opening and often difficult pursuit. If leaders do the hard work necessary to eliminate inequities, they will inevitably face hard questions and choices, have their assumptions challenged, and experience many uncomfortable situations. But if we're serious about providing the best care to all our patients, then we must also be serious about providing all our patients — regardless of their social position or other socially determined circumstance — with the opportunity to attain their full health potential. That is the very definition of health equity.



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