

# Advancing Health Equity in Health Care

## A Summary of Health Care Sector Consultations

### Why is this Important?

**Health equity** is the principle of and commitment to incorporating fairness into health by reducing health inequalities.<sup>1</sup> 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, sexual orientation, age, disability, social class, where they live, socioeconomic status or other socially determined circumstances.<sup>2</sup>

Achieving equity in health care means that services are available, accessible and acceptable for the needs of all people.

### Examples of Action Being Taken:

For examples of progress that is occurring in Saskatoon Health region, please see [Tackling the Barriers to Better Health for All](#).

### What More Can Be Done?

See the Chief Medical Health Officer's [Call to Action](#) for further recommendations.

### Methods and Tools:

- [Equity Measure Findings](#)
- [Health Care Equity Audit Guide](#)
- [Technical Appendix](#)

### Highlights

**Gaps in health outcomes persist over time in Saskatoon between people living in areas of highest and lowest deprivation. Tackling barriers within health care is part of the solution.**

- Over the past several months, Saskatoon Health Region's Medical Health Officers and Public Health Observatory staff held close to 40 health sector consultations to identify barriers to achieving equity in health care [[Technical Appendix](#)]. We looked at a range of health conditions from 1995 to 2011 and discussed what could be done to close wide and persistent gaps in health outcomes between population groups. Ideas were generated that could contribute to removing the many barriers that were identified through the process. See [Call to Action](#) for more details.

### What Did We Hear?

**Information is limited:** 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, lack social supports or be residential school survivors). Having this information could lead to better care for patients, while potentially reducing the need for more services.

- For example, one physician shared that knowing his patient's housing circumstances led him to support her in acquiring an air conditioner which helped her breathe easier in the summer months and avoid a visit to hospital for COPD.

**Capacity is an issue:** Health care providers said they are stretched to the limit making it more challenging to find time to "level up" services to better meet patient/client needs. As such, system improvement opportunities such as Lean may lead to efficiencies that would provide more time to those who need it most. Striking a good balance here will be important.

- For example, a public health nurse shared her challenge in simply being able to allot the time to help a client fill out a form so that she could receive the services she needed. Without her help, she knew her client would not be able to receive the services she required.

**Cultural considerations are important:** Building trusting and strong connections among health care providers and clients, especially those from vulnerable populations, are important and take time. Racism and discrimination create tremendous challenges to establishing this trust [see [Cultural Considerations](#) for important reflections on the health of Aboriginal Peoples].

- We heard stories of overt racism in our system. For example, First Nations patients have left the health care system due to negative experiences with staff, not having received the care they needed.

**Health care system itself creates barriers:** The complexity of the way the system and its policies are set up can often perpetuate inequity.

- We heard many examples of the relationship between the federal and local efforts to meet the needs of First Nations peoples created access barriers and placed undue burden on patients. Access to drug coverage was a clear concern for many with some physicians stating that they would recommend patients back to the ED as a necessary step in getting their clients the care they needed in a timely fashion.