Advancing Health Equity in Health Care
Tackling the Barriers to Better Health for All

Highlights

There are many examples of progress towards health care equity in Saskatoon Health Region.

- The Health Region's Better Health For All – Series 3 health status report shows wide and persistent gaps between Saskatoon's lowest and highest areas of deprivation over a 15 year time-span.

- While the factors that influence health (i.e., the social determinants of health) lie largely outside the health care sector, there are many barriers to health care that can be removed within health care to help tackle health inequity.

- Throughout close to 40 consultation sessions, we found many examples of great progress across programs and services toward removing system barriers and better meet patient and client needs.

- While many of these examples show promise, many of those we spoke to also shared that barriers are often harder to tackle than anticipated. Tools are available to assist with incorporating the principles of health equity in everyday planning and care.

Improving Accessibility Making health care "accessible" means that facilities and services are free of physical, economic and discriminatory barriers and information is also easy to access. It also includes the participation of underserved groups in the planning and evaluation of those services. Examples include:

- The Region's Mental Health & Addictions programs and services have long recognized that community partnerships are key to ensure people with 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 situating outreach workers directly in the community (e.g. mental health coordinator at Central Urban Métis Friendship Centre Inc.) In addition, the department has streamlined process so that wait times have been eliminated for adult outpatient addictions services.

- The Provincial Hotspotting initiative announced in the 2014 Speech from the Throne also shows promise as an opportunity to increase accessibility as it recognizes that those who are most frequent users of health care services require new and different care approaches in order to better meet their health care needs.

- Saskatoon Health Region has a number of Patient and Advisory Councils in place across departments. The establishment of an Aboriginal People's Patient and Family Advisory council is a great step in including the participation of underserved groups in planning.

Improving Availability Improved health care service availability, particularly to vulnerable populations, refers to whether services are provided within a community. It includes having sufficient and functioning public health and health care facilities, programs and services that address the entire disease course (primary, secondary and tertiary prevention and treatment), and life course (from prenatal to end of life care) such as timely diagnostic and treatment services, available primary care providers, and reasonable hours of operation to name a few.

- Within its universal provision of immunization coverage services, the Region's Population and Public Health department has developed targeted approaches to expanding availability of immunization services in under-immunized neighbourhoods including moving services closer to where the needs are

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greatest, increasing hours of operation at some locations and partnering with schools to offer services closer to people.

- The Saskatchewan Cancer Agency has also recognized that accessibility of screening programs can be a challenge in rural and remote areas and they have partnered with First Nations and Métis organizations as well as established a mobile bus that travels to rural communities to ensure more equity in access to breast cancer screening for example.

- The Health Region's Telehealth program also provides services to rural and remote communities for many services including a dementia program which allows for more timely diagnosis and improved follow up care since patients (often elderly) are not required to travel.

Improving Acceptability *Acceptable health care services are those which are provided in a way that meets the needs of distinct cultural, linguistic, ethnic, and social groups. Culturally competent services and culturally safe spaces are key components of the acceptability of services.*

- While evidence from our consultations demonstrates there is much room for improvement, there are many programs and services across the Region that have been striving to become more culturally competent and have been providing cultural competency workshops for Region employees.

- Saskatoon Health Region's First Nations and Métis Health Services team provides supports and services to First Nations and Métis peoples in the Region's to ensure that their health needs are being met in a culturally competent fashion. The team facilitates navigation services, offers cultural support and provides an interpreter when needed to First Nations and Métis clients.

- The Health Region's chronic disease management programs have long recognized that their services are not a "one-size-fits-all" and they have been making modifications to their programs in order to better meet a range of needs. For example, their medicine management models have been tailored so that their approach is directly based on the needs of the patients and clients they serve

- The Heart and Stroke Foundation of Saskatchewan has worked with partners to develop tools to assist women of South Asian descent prevent and manage heart disease. Research has shown that people of South Asian descent are at greater risk of developing diabetes, high blood pressure, heart disease and stroke – and at a much earlier age – compared with other ethnic groups. The Foundation has translated and culturally adapted some key resources to help people understand the risk factors and provide information and support in reducing that risk, including how to recognize heart disease and stroke.

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