Health Equity in the Region Survey Results

Equity is a new value in the Winnipeg Regional Health Authority 2016-2021 Strategic Plan. Health Equity means that all people can reach their full health potential and should not be disadvantaged from attaining it because of social and economic status, social class, racism, ethnicity, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance. Equity is not the same concept as equal – rather than everyone getting the same, it means that everyone should get what they need. Health equity includes, but goes beyond, equitable access to health care services. Everyone also needs equitable opportunities to conditions that determine health such as housing, food, income, education and transportation. And importantly, people need to be respected and included, without racism or discrimination.

To find out how WRHA employees understand and incorporate equity into their everyday practice, an online survey was created and disseminated from July 8 to September 12, 2016.

Over 1,000 people responded to the survey. Highlights include:



Nearly **50 per cent** of respondents felt reasonably or very familiar with the concepts of health equity



Nearly **60 per cent** of staff reported always or often considering health equity when making care or service decisions

Less than **40 per cent** reported always or often discussing equity issues in their workplace



Employees are less comfortable talking about racism, gender and gender identity/sexual orientation

Vinnipeg Regional Office régional de la lealth Authority santé de Winnipeg àring for Health À l'écoute de notre s

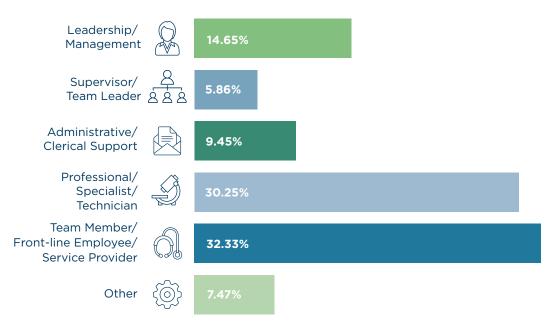


Over **50 per cent** of respondents felt that communications or education from their team leadership happened somewhat or not at all



Innovative examples of how staff are taking action to promote equity

WHAT IS YOUR ROLE?





IN YOUR OWN WORDS, WHAT DOES HEALTH EQUITY MEAN?

Common themes include:

- Access to health care and health services
- Access to the resources or the opportunities to be healthy
- Same treatment for every person
- Differential care with more access, resources or opportunities for populations or clients who are disadvantaged
- Describing the characteristics of populations or individuals
- Moving towards closing gaps in health status

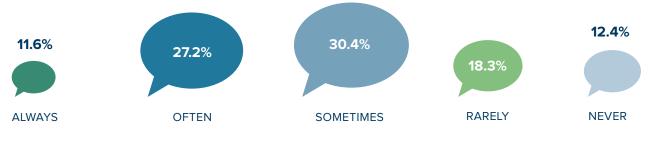
HOW FAMILIAR ARE YOU WITH THE CONCEPT OF HEALTH EQUITY?



HOW OFTEN DO YOU CONSIDER HEALTH EQUITY WHEN MAKING CARE/SERVICE DECISIONS?



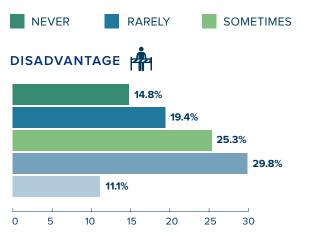
HOW OFTEN DO DISCUSSIONS ABOUT THE CONCEPT OF HEALTH EQUITY OR EQUITY ISSUES (E.G. SOCIAL AND ECONOMIC DISADVANTAGES, RACISM, ETC.) OCCUR IN YOUR TEAM OR WORKPLACE?

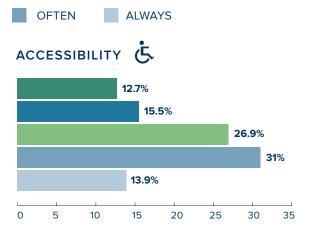


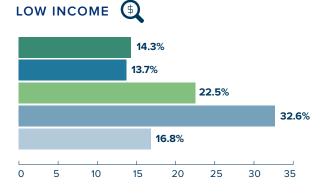
HEALTH FQI IN THE REGION



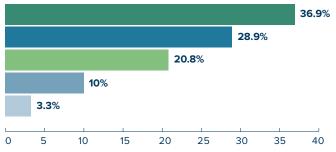
HOW OFTEN DO DISCUSSIONS ON THE FOLLOWING OCCUR IN YOUR TEAM OR WORKPLACE?



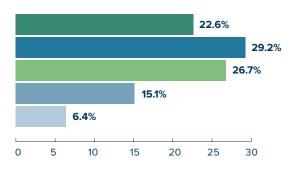




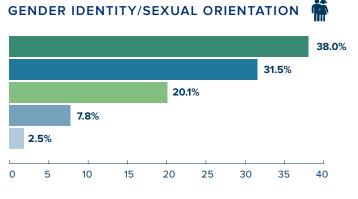
GENDER 20



RACISM



GENDER IDENTITY/SEXUAL ORIENTATION





PLEASE PROVIDE AN EXAMPLE OF HOW YOU OR YOUR TEAM TAKES ACTION OR PROVIDES CARE DIFFERENTLY TO PROMOTE HEALTH EQUITY.

PATIENT CARE THEMES

- individual client assistance
- patient advocacy
- access to resources
- equal treatment
- dignity/respect/person-centred care
- inter-professional practice

- Indigenous cultural awareness
- spending more resources/time with disadvantaged population groups
- discharge/care planning
- optimal care
- language services

HEALTH SYSTEMS LEADERSHIP THEMES

- staff/team relationships
- more resources/time with disadvantaged populations
- flexibility

- outreach
- reviewing services/programs
- inter-organization and inter-sectoral networking

COMMUNITY PARTNERSHIP THEMES

- individual client assistance
- modifying service delivery
- relationship building



WHAT BARRIERS PREVENT YOU OR YOUR TEAM FROM PROVIDING EQUITABLE CARE/SERVICES TO PATIENTS/CLIENTS?

SERVICE DELIVERY THEMES

- lack of knowledge
- lack of awareness/discussion
- advantaged clients demand for the same level of service
- stereotypes/prejudice
- inflexible/underdeveloped client relationships
- outdated information
- pressure for fast care
- compliance
- turnover
- training

PROGRAM/OPERATIONAL LEVEL THEMES

- insufficient funding of services and programs
- inflexible structures
- policies and procedures that are unresponsive to client needs
- limited assessment tools to understand a client's social history and circumstances

SYSTEMIC BARRIERS AND SOCIETAL FORCES THEMES

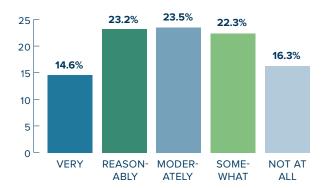
- uneven geographical access to programs/services
- patient circumstances such as limited resources and experiences of trauma
- limited intersectoral collaboration
- jurisdictional issues
- regulatory requirements
- uninsured medical needs



HOW MUCH HAS YOUR TEAM LEADERSHIP COMMUNICATED OR EDUCATED STAFF ABOUT HEALTH EQUITY?



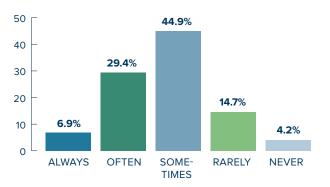
TO WHAT DEGREE DO YOU FEEL THAT NEW IDEAS TO ADDRESS HEALTH EQUITY ARE ENCOURAGED AND VALUED IN YOUR WORKPLACE/TEAM?



TO WHAT EXTENT DO YOU FEEL THE WRHA AS A HEALTH CARE ORGANIZATION PROVIDES EQUITABLE CARE/SERVICES TO PATIENTS/CLIENTS?

29.3%

NOT AT ALL



WHAT CAN THE REGION DO TO BETTER PROMOTE AND EDUCATE STAFF AROUND HEALTH EQUITY CONCEPTS AND PRACTICES? COMMON THEMES INCLUDE:

- supporting staff development through workshops and training using various media and communication tools
- improving cultural awareness and cultural safety
- increasing the number of staff who deliver programs and services shifting resources to disadvantaged areas
- hearing from those with lived experience of social and economic disadvantage
- improving patient and public involvement
- modifying client assessment tools
- supporting inter-professional as well as inter-organizational collaboration



WHAT CAN THE REGION DO BETTER TO REACH OUT TO PEOPLE AFFECTED BY SOCIAL AND ECONOMIC DISADVANTAGE?

PRACTICE CHANGE THEMES

- enhancing client engagement
- increasing use of language services
- supporting client navigation of health and social systems
- working more closely with community agencies and partners

OPERATIONAL CHANGE THEMES

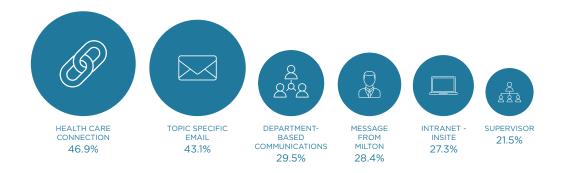
- modifying programs and services to increase access
- offering additional supports to disadvantaged clients
- offering additional supports to disadvantaged clients
- creating more welcoming and supporting environments

SYSTEM CHANGE THEMES

- increasing program and service funding
- creating opportunities for creative, flexible and innovative approaches
- enhancing collaboration across programs and services
- augmenting partnerships with other sectors



WHAT ARE THE TOP TWO WAYS YOU PREFER TO RECEIVE INFORMATION FROM THE REGION?



ABOUT THE SURVEY

The survey was promoted primarily online through Health Care Connection and email distribution. The responses about preferred ways of receiving information may reflect the methods of survey distribution. Additionally, staff in certain front-line jobs, where time at a personal computer is less, are underrepresented in the survey sample.

An in depth review of the survey results will continue to inform more engagement and discussion about health equity in the region. We have a solid foundation and staff participation in the survey helps identify how we can further enhance our organizational culture of health equity. Each staff member has a role to play in promoting opportunities and conditions for health equity. Only with the involvement of all staff will we see our health gaps close.

CONTINUED LEARNING

To learn more about health equity visit the WRHA webpage: *www.wrha.mb.ca/about/healthequity/*. The webpage includes resources and tools such as:

Health for All: Building Winnipeg's Health Equity Action Plan *Discussion document* with data, stories and considerations for action

Health for All: Discussion with WRHA Programs, Sites & Teams *Power point presentation* about health equity concepts with speaking notes

We all have a role to play

10 questions to review and discuss with your colleagues

Managers and Directors are invited to take the workshop: **"Health Equity – What is it Anyway?"** (registration available on Learning Management Systems)

We will need courage to recognize how some of our old thinking, views and systems may unintentionally perpetuate limited opportunity. It will take honesty to acknowledge where we can do better. We will need humility and respect to genuinely listen to each other, to be willing to shift our frames of reference and points of view to include the perspectives and truths of many.

Health for All: Building Winnipeg's Health Equity Action Plan (pg. 60-61)