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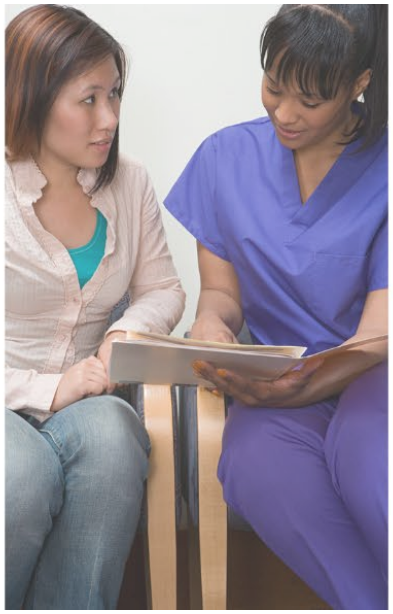

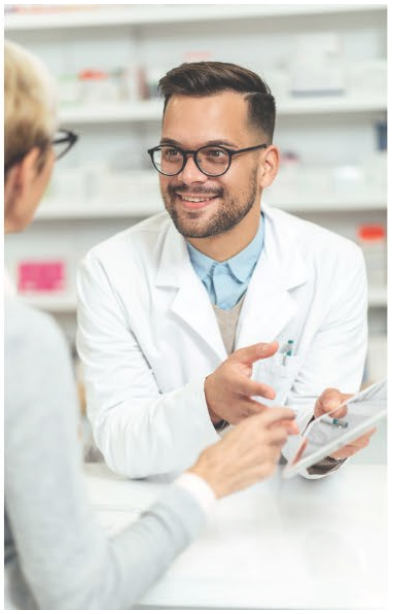



Thoughts About Equity

A report from the BC Health Summit
Breathe & Weave: Talking Across Silos to Enable Health System Improvement

July 2023

Introduction

In January 2023, the BC Health Systems Partnership hosted the *Breathe and Weave: Talking Across Silos to Enable Health System Improvement* health summit. The summit brought together people from diverse roles, sectors, and regions across British Columbia to discuss shared priorities for improving BC's health system and how working together could be better enabled across the system.

A number of key themes emerged from the thoughts, ideas, and perspectives shared by the summit participants. This report provides documentation of shared statements related to the theme of equity.

Each statement in this report responded to a discussion question and was documented by a discussion group or individual participant during the summit or the week following using an interactive, online platform called ThoughtExchange. The number shown after each statement is the score on a five-point rating of resonance with other participants. After the score, there is a number in parentheses that shows how many participants scored that statement. In each round of discussion, most of the statements in ThoughtExchange received a similar number of ratings because ThoughtExchange evenly distributes the views of the statements among participants.

Refer to the appendix (page 10) for information about the mix of participant perspectives for each discussion question.

Thoughts About Equity

WHAT'S HAPPENING IN BC'S HEALTH SYSTEM THAT YOU WANT TO HAPPEN MORE?

Expansions on supports for Indigenous health
Elevated services and cultural safety to improve upon Indigenous health; cost of not reconciling is the loss of lives, need to be meaningful
4.0 (16)

Bringing diverse perspectives to the table! Health agencies recognizing that they don't have all the answers on their own.
Moves to collaborate/connect with others within and outside the to bring in different voices to shape strategy (e.g., patient partners, other sectors)
4.0 (15)

Increased awareness of the impact of racism on the health care system, the priority that needs to take, and actions articulated in "In Plain Sight"
Awareness is a good step, but the opportunity now is on operationalizing it across the health system (which has been much slower).
3.9 (15)

Innovation
Innovation will help with our challenges around equity.
3.9 (15)

WHAT WOULD YOU LIKE TO SEE IN AN IDEAL HEALTH SYSTEM IN BC?

Health system where each individual is treated as a valued human being
Respect, dignity and honor
4.2 (15)

Appropriate timely and equitable access to health care
Fundamental idea
4.2 (14)

Care at the right place by the right person at the right time
So people can equitably access timely and quality care
4.1 (14)

More equity for remote and rural
4.1 (14)

Culturally safe care for Indigenous people
Create comfort to access care earlier
4.1 (13)

Equity across healthcare system
Need equity in access and care quality over different regions and communities; equity among different population groups
4.1 (13)

WHAT WOULD NEED TO CHANGE IN THE REAL WORLD TO GET FROM WHERE WE ARE TO WHERE WE WANT TO BE?

More access to services in rural areas is required to ensure equity with urban areas in the province
4.2 (11)

Incorporate and embed the Indigenous ways of being and knowing in the healthcare system and decision planning.
4.1 (11)

Changes in funding models and service delivery to provide better equity and outcomes for patient care
Huge burden on patients to receive care in rural and remote communities (cost of travel, travel, etc.).
4.1 (10)

Opportunity to enhance health care delivery through the inclusion of various team members to support care. NPs, Pharmacists' as example.
Utilize team-based care to support care delivery. Shift from consults to conversations in transitions of care. Supports autonomy & agency as providers
3.9 (12)

WHAT OPPORTUNITIES DO YOU WANT TO TAKE ADVANTAGE OF? HOW WOULD YOU MEASURE SUCCESS?

Focus on cultural safety from an Indigenous perspective
4.2 (13)

Address disproportionate and inequitable distribution of funding based on outdated criteria such as population density.
4.1 (13)

Hold governments accountable for funding allocation, transparency on distribution, and how it was used.
4.1 (13)

Policy and legislation have to happen in such a way that provides safe and equitable care
"Right touch regulation" - so policy doesn't get in the way of care
4.1 (12)

Continue to work on building equity by supporting communities at the edge
4.1 (11)

Transforming care needs to be appropriate, not just increasing access - virtual care
Equity, appropriateness, respect, access
4.0 (13)

Thoughts About Equity

WHAT'S HAPPENING IN BC'S HEALTH SYSTEM THAT YOU WANT TO HAPPEN MORE?

Addressing system barriers around stigma and discrimination. System still perpetuates stigma.
3.8 (16)

Compassionate Leadership
Brings Aboriginal Perspective, 2 eyed seeing, connect before content etc.
3.8 (16)

Increase understanding and acknowledgement of both past and present harms for Indigenous persons.
Reduce stigma in health for Indigenous Peoples.
3.8 (16)

Kindness, respect, communication
Builds relationships and understanding
3.8 (16)

Partnerships with FNHA are increasing and often FN lead.
This is a population that has been traditionally underserved
3.8 (16)

WHAT WOULD YOU LIKE TO SEE IN AN IDEAL HEALTH SYSTEM IN BC?

Dream – Rural health equity
Respect
4.0 (14)

Health system that's respectful, safe, effective, and responsive to individual care needs.
4.0 (14)

A reduction in health inequities, understanding the leading determinants of health and wellbeing.
Change in a way the entire health system and partner silos (other ministries can respond and understand to the unique needs of underserved populations).
3.9 (14)

Care is equitable and efficient from a systems perspective, and respectful, safe, accessible, appropriate, and effective for individuals.
A quality system as per dimensions within BC Health Quality Matrix
3.9 (14)

WHAT WOULD NEED TO CHANGE IN THE REAL WORLD TO GET FROM WHERE WE ARE TO WHERE WE WANT TO BE?

Provide transportation for people to and FROM services if they do not have that. Address the on- ramp and off-ramp
To address the SDOH, respect, access, equity, appropriateness.
3.9 (12)

Health human resources is considered at a provincial level with an equity lens
Our system is by design in competition with each other (e.g., between health authorities) for resources
3.9 (11)

Changing/activating scope of work of providers, such as pharmacists, to increase the efficiency of the system (privileges for LPNs, RNs, RTs, etc)
3.9 (10)

Bring services/access to the community, where they are at. Establish a Gateway locally to improve access.
It's inclusive, and respectful.
3.8 (11)

WHAT OPPORTUNITIES DO YOU WANT TO TAKE ADVANTAGE OF? HOW WOULD YOU MEASURE SUCCESS?

Improve the diversity at decision making tables
So, all people feel respected, and leaders can hear what matters to them.
3.9 (13)

Eliminate internal and external bias of health care in rural and northern communities
3.9 (12)

Be more involved in Indigenous specific events and communities
3.8 (13)

Pay some heed to equity throughout BC; don't create more have-not jurisdictions. All BC-ers need a refined system of health care.
Equity, equal-ish access.
3.8 (12)

Thoughts About Equity

WHAT'S HAPPENING IN BC'S HEALTH SYSTEM THAT YOU WANT TO HAPPEN MORE?

BC is ahead of other provinces in implementing calls to action for Indigenous health.
BC is going in the right direction in creating supports for Indigenous communities, need to continue in this direction
3.8 (15)

Embed cultural safety in how service delivery is operationalized
Avoids creating service delivery models that get in the way of culturally safe care.
3.8 (14)

I would love to share my thoughts around Indigenous, lead health policies, and calls to action. Legislation has been passed as law to address DRIPA
Anti-Indigenous racism is impacting health services right now. System racism requires systemic action. We are obligated by law to stop racism.
3.7 (16)

WHAT WOULD YOU LIKE TO SEE IN AN IDEAL HEALTH SYSTEM IN BC?

Eradicate Indigenous racism
Patients families and communities won't access health care and come in sicker. So we are always being reactive instead of proactive
3.9 (14)

That all people are treated with respect and honor
So all people know they are important and valued.
3.9 (14)

Equitable and timely access to Health Care
To provide timely access to health care
3.9 (12)

A health system free of racism and discrimination
3.8 (15)

Creation of a model that allows timely access for all of BC that is developed by a diverse group
3.8 (15)

A system that values Health equity – access to state-of-the-art healthcare and longitudinal and culturally safe care.
3.8 (14)

WHAT WOULD NEED TO CHANGE IN THE REAL WORLD TO GET FROM WHERE WE ARE TO WHERE WE WANT TO BE?

Remove the perceived privilege between roles in health care
Nurses, allied health professionals and social health services must feel as though they are equal partners with physicians in the system
3.8 (11)

Shared curriculum for health professionals which includes theory and practice
To weave cultural safety and humility as well as interprofessional practice and shared understanding of roles
3.8 (11)

PERSPECTIVE – in terms of mindset/culture shift, learning from others and reflecting on ego/bias
Think differently (hopeful, what CAN we do?) I Culture shift –collaboration Learn from others (Indigenous, youth, other industries) and good pilots
3.8 (10)

Change the system to include Indigenous health systems beliefs, values and delivery
A holistic view on an individual and the supports. They need to be healthy and well.
3.8 (9)

WHAT OPPORTUNITIES DO YOU WANT TO TAKE ADVANTAGE OF? HOW WOULD YOU MEASURE SUCCESS?

Recent changes to BC's physician funding model offer the biggest opportunity for system improvement in coming years, esp. @ team-based primary care.
Quality care depends on many factors, but access to a primary care physician is foremost among them. Our model(s) need to fit our diverse character.
3.8 (12)

Be a louder advocate for shared spaces within our communities, especially around workforce stabilization
So, they feel recognized, respected, heard
3.6 (12)

Re-define and share power; beware of titles.
Titles mislead; people think "directors" have money, power and influence, which is not the case. Agency lies within each of us.
3.5 (12)

Improve internet/communication connections
Improves equity - will assist people in rural/remote communities
3.5 (3)

Thoughts About Equity

WHAT'S HAPPENING IN BC'S HEALTH SYSTEM THAT YOU WANT TO HAPPEN MORE?

Welcome and support family (as determined by the patient/client/person) involvement in care design and delivery.
If we are a team then we are less likely to bar some members of that team from the clinical world in the future (e.g., no visitors during COVID)
3.7 (15)

Early identification of vulnerable populations within our communities and providing them the support they need
3.7 (14)

We are "waking up" to underserved populations
We need to understand who we are not serving
3.6 (16)

Reduce stigma around groups experiencing MH issues, poverty, and Indigenous health care.
Increase equity in society
3.6 (15)

WHAT WOULD YOU LIKE TO SEE IN AN IDEAL HEALTH SYSTEM IN BC?

Addressing racism in the healthcare system
Poor health outcomes that create further strain on the system is a result of people who are afraid to enter the system or continue in the system.
3.8 (14)

All clients are welcomed to receive care in an inclusive and culturally safe way, without stigma or judgment.
3.8 (14)

Dream – PHR that travels with the patient
Safety, respect, collaboration
3.8 (14)

Ending anti-Indigenous racism, and all racism, in healthcare
3.8 (14)

WHAT WOULD NEED TO CHANGE IN THE REAL WORLD TO GET FROM WHERE WE ARE TO WHERE WE WANT TO BE?

Setting priorities, ensuring transparency and accountability. Being able to believe the systems are fair, equitable, transparent and accountable.
3.7 (12)

Universal Pharmacare
Equity
3.7 (11)

Commitment to shared principles and values around healing, cultural safety and humility, and mental health & substance use is needed for providers
3.7 (10)

Breaking down the barriers to service delivery and creating more equity
3.6 (12)

Engagement, diversity and inclusion is needed to co-create health system with communities and patients at all levels of decision-making
3.6 (11)

WHAT OPPORTUNITIES DO YOU WANT TO TAKE ADVANTAGE OF? HOW WOULD YOU MEASURE SUCCESS?

Thoughts About Equity

WHAT'S HAPPENING IN BC'S HEALTH SYSTEM THAT YOU WANT TO HAPPEN MORE?

Thoughtfully build in redundancies/back-up, especially in rural areas to prevent nurse diversion, burnout
3.6 (15)

Patient navigation, empowerment, equity, informed consent. Increased understanding, knowledge and opportunities to learn more. Inclusion in the disc
We are partners in our health, we need to be informed, have choices and options
3.6 (14)

Reconciliation with Aboriginal peoples
Because there is lots of talk but not a lot of action that translates in meaningful outcomes for the people
3.5 (16)

Utilizing learnings from the Indigenous perspective on wellness.
We are all in this together.
3.5 (16)

WHAT WOULD YOU LIKE TO SEE IN AN IDEAL HEALTH SYSTEM IN BC?

More Inclusive and accessible
3.8 (14)

No racism
We all know why….
3.8 (14)

Services need to be available (both geographically and in terms of costs)
Services (e.g., physio) aren't covered and aren't as available in rural areas. Remove these financial and geographical gaps for equitable care
3.8 (14)

Safe, equitable, accessible, consistent, and reliable health care that includes the social determinants of health at the forefront.
Because we're actively leaving people behind right now.
3.8 (14)

Dream – clinicians see themselves as users of the system as well, and not separate from it
Psychological safety, efficiency, respect
3.8 (13)

WHAT WOULD NEED TO CHANGE IN THE REAL WORLD TO GET FROM WHERE WE ARE TO WHERE WE WANT TO BE?

Include: this means be teams of community, all to SCOPE; means humbly surrendering roles in order to move into more personally capable scope.
We have much more health resource in BC than we are including, welcoming or utilizing
3.6 (9)

To stop the hierarchical system and build relationships with the people we serve. Ask them what they need and implement recommendations.
Provide equity in health care because we are meeting the needs of the communities
3.5 (11)

Rigidity of system structures (that can be barriers for innovation, retaining staff, and equity)
Examples: Compensation/pay scale; Stretch work for unionized positions; Predictable and some unpredictable realities in rural areas
3.5 (9)

WHAT OPPORTUNITIES DO YOU WANT TO TAKE ADVANTAGE OF? HOW WOULD YOU MEASURE SUCCESS?

Thoughts About Equity

WHAT'S HAPPENING IN BC'S HEALTH SYSTEM THAT YOU WANT TO HAPPEN MORE?

As provincial health authorities, think about anti-Indigenous racism. We need to think of the declaration of commitment from 2015
To advance cultural humility and cultural safety within health services for Indigenous people to feel safe accessing services.
3.5 (15)

We need more race, ethnicity and income data collection
Support improving equitable delivery of healthcare
3.5 (15)

More outreach work with remote Indigenous communities from all types of healthcare providers
To help address inequities in healthcare and train providers in culturally safe care
3.4 (16)

WHAT WOULD YOU LIKE TO SEE IN AN IDEAL HEALTH SYSTEM IN BC?

Dream – decreased barriers with transportation to/from care
respect, equity, patient safety, accessibility
3.8 (13)

Collaborative decision making by the Pentagram Partnership Plus for the Design; Governance & Management of our HC system
Without collaborative approaches we continue to have diverse and often conflictual effort
3.8 (12)

Team based care to support equity in outcomes.
Location, gender, ethnicity all impact health outcomes. Team based care can mitigate and improve outcomes to improve equity.
3.8 (12)

Address geographical considerations re: equity and health care professional shortages (e.g., are shortages because of where a community is located)
3.7 (14)

WHAT WOULD NEED TO CHANGE IN THE REAL WORLD TO GET FROM WHERE WE ARE TO WHERE WE WANT TO BE?

Patient partners are community members, citizens. More diverse voices are needed for sure.
Patient partners are more than their health conditions
3.4 (11)

We need to engage all groups - the Indigenous community, marginalized community, etc. - and let them have a voice at the table.
We need to be worthy of the trust in which we've been given.
3.4 (3)

Intersection of racism, white supremacy, patriarchy, hierarchy, capitalism, imperialism, misogyny, settler colonialism, destruction of nature
3.4 (2)

Addressing health equity, to create a better health care system to bring health care to anyone from anywhere
Creating a preventing / proactive health care system, by improving per to per communications that embraces and fosters a collaborative approach
3.3 (10)

WHAT OPPORTUNITIES DO YOU WANT TO TAKE ADVANTAGE OF? HOW WOULD YOU MEASURE SUCCESS?

Thoughts About Equity

WHAT'S HAPPENING IN BC'S HEALTH SYSTEM THAT YOU WANT TO HAPPEN MORE?	WHAT WOULD YOU LIKE TO SEE IN AN IDEAL HEALTH SYSTEM IN BC?	WHAT WOULD NEED TO CHANGE IN THE REAL WORLD TO GET FROM WHERE WE ARE TO WHERE WE WANT TO BE?	WHAT OPPORTUNITIES DO YOU WANT TO TAKE ADVANTAGE OF? HOW WOULD YOU MEASURE SUCCESS?
Embedding cultural safety and humility and Indigenous perspectives into all aspects of healthcare service planning and delivery. Aligns with commitments to truth and reconciliation and support First Nations led approaches to service delivery and supporting care closer to home 3.4 (15)	**An ideal system would work well for people in all areas of the province. Incorporating a rural lens whenever on decision-making would help.** Regionalization / centralization created negative consequences for rural services and areas that have not been acknowledged. 3.7 (14)	**Reaching out as a person to understand cultural traditions and history as part of engagement with Indigenous communities around health services** 3.3 (10)	
Simplify access to care, inclusive of pharmaceutical treatments that are curative but pricey. COVID has shown us this is doable Too many people diagnosed are at risk of being lost to care. This is a health equity issue and complicated processes are barriers 3.4 (15)		**Empowering those with little or no formal authority (nurses for example) will be critical. They can identify actual improvement opportunities.** Many voices do not have a place at the table. 3.3 (2)	
Racial profiling and discrimination experienced by Indigenous people is ongoing and a major barrier to care. 3.4 (14)		**Intersectionality the ism's intersect, be aware of this in communication respect.** 2.9 (6)	

Appendix: Participant Summary

A breakdown of participants by category in each summit ThoughtExchange question.