EQUIP Health Care
Equipping Health & Social Services for Equity

EQUIP Equity Essentials

What every health and social service provider should know

This resource shares essential messages on equity, categorized into six sections with an accompanying brief video per section. These key messages serve as a foundation for better understanding health equity and diving deeper into further EQUIP Health Care resources.

These essential messages were drafted by members of the EQUIP Pathways team in collaboration with partners. We asked experts, including people with lived experiences of inequities, what should every health and social service provider know?

Thank you to the many individuals who shared insights and expertise to create this resource. Thank you to partnering groups, including the Community Addictions Peer Support Association, Kílala Lelum (Urban Indigenous Health and Healing Cooperative) and Vancouver Community Action Team.

Contents

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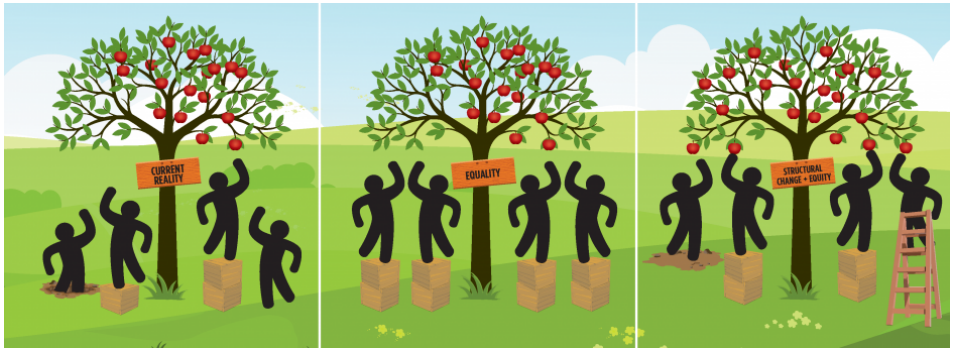
Health Equity Essentials



'Equity-Oriented Health Care'

Aims to reduce the negative health effects of:

1. multiple, intersecting forms of racism, discrimination and stigma
2. structural inequities and structural violence
3. the frequent mismatches between usual approaches to care and the needs of people most impacted by health and social inequities

Watch experts partnered with EQUIP Health Care explain the importance of equity-oriented health care.

https://youtu.be/PKcz1-NdlZc

1. Health equity is about social justice and providing the best possible health and healthcare for everyone, paying special attention to people at greater risk of poor health. Health equity pays attention to the social, political, and economic factors that influence access to care, and people's experiences of care. To achieve equity means minimizing the differences in health outcomes between groups, and supporting people to achieve their health goals and lead healthy lives, through, among other things:

a. freedom from racism, stigma and other forms of discrimination
b. access to safe and secure housing
c. food security
d. quality healthcare, and positive health care experiences

2. Health Equity is not the same as Health Equality. Equality means that everyone receives the same care or the same things. Like equity, equality promotes fairness and justice, however, it can only work if everyone starts from the same place and needs the same things. Health equity focuses on "levelling the playing field" and providing care in ways that are appropriate to what people need to achieve their health goals and enjoy full, healthy lives. To remove injustices, we are challenged to make better decisions about who gets what, and how health and social services, and policies, are organized and delivered.

3. In Canada, the lack of affordable housing, rising poverty rates, increasing homelessness, systemic racism toward Indigenous, Black, and people of colour and new immigrants (among others), as well as stigma and discrimination toward people who are presumed to use substances or be 'drug seeking', are examples of systematic health and social inequities that can be addressed through equity-oriented health care.

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Trauma- and Violence-Informed Care Essentials

1. Trauma is the experience of, and response to, a negative event or events that threaten the person's safety, life, or integrity, and overwhelms their ability to cope – it's more than everyday "stress" and includes responses such as shock, terror, shame, and powerlessness

2. Trauma can re-wire the brain and our bodies, making us unable to regulate stress hormones, which can lead to hyper arousal and acting out (e.g. in children) or complete withdrawal. These behaviours, along with other ways to cope with physical and emotional pain, such as using substances, are expected effects of trauma and violence

3. Over 75% of Canadians experience trauma that would meet the threshold of post-traumatic stress disorder (PTSD); these experiences can happen once (disasters, accidents), or many times (child abuse, partner violence); they can also affect entire groups (war, colonialism, pandemics). Policies and practices can also be violent (i.e., cause harm); systemic racism, sexism, able-ism and other forms of discrimination, poverty and insecure access to safe shelter are all forms of structural violence that exacerbate health and social inequities

4. When people seeking care are treated with respect and compassion, with attention paid to ensuring an emotionally, physically and culturally safe environment[1], they feel more confident in their care, more able to handle their health problems and this is related to improved health outcomes

Watch experts partnered with EQUIP Health Care explain the importance of trauma- and violence-informed care.

https://youtu.be/sOeW2B2GKiM

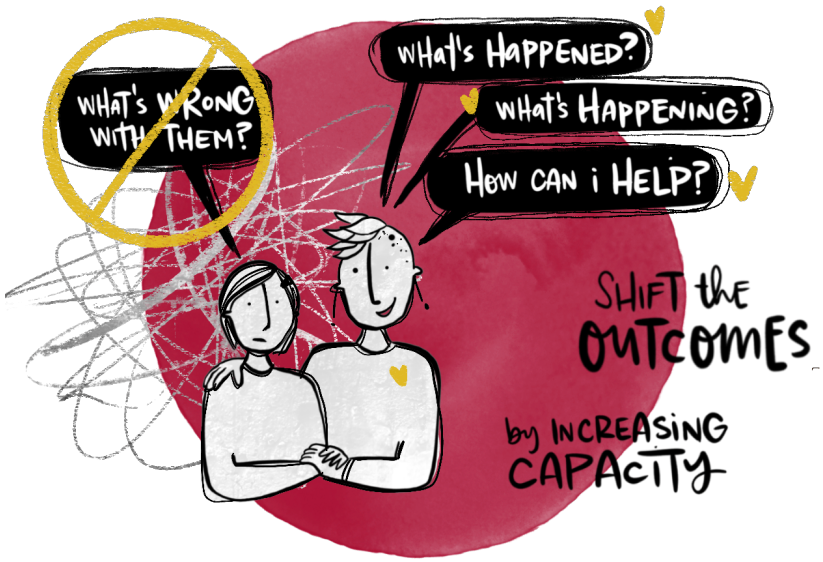
The Four Principles of TVIC

1. Understand trauma and violence, especially structural violence, its prevalence and its impacts on peoples' lives and behaviours;

2. Create emotionally, culturally and physically safe environments for people who access and provide services;

3. Foster opportunities for choice, collaboration, and connection; and

4. Provide strengths-based and capacity-building ways to support people who access services



[1] Including attention to language used (i.e. person-first language). See "Overcoming Stigma Through Language", Canadian Centre on Substance use and Addiction & Community Addictions Peer Support's Primer on Stigma: https://www.ccsa.ca/sites/default/files/2019-09/CCSA-Language-and-Stigma-in-Substance-Use-Addiction-Guide-2019-en.pdf

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Anti-Racism & Cultural Safety Essentials

1. Racism exists throughout every facet of our society. Racist and colonial policies, practices, and behaviours are fundamental causes of ill health.

2. In Canada, anti-Indigenous racism creates harms for Indigenous people stemming from colonial violence, oppression, negative health care experiences, decreased access to care, poorer quality of care, and often poor health outcomes.

3. Anti-racism aims to counteract the harms of racism, discrimination, and stigma, and mitigate the potential harms and lack of safety that people may experience as they seek help. The goal is to do so by fostering approaches to care (e.g., principled interventions based on peoples' preferences, priorities and values) to help people feel safe, comfortable, and welcome.

4. Cultural safety was originally developed in the 1990s in New Zealand by Māori nurse-leaders who saw the need to move the focus of attention beyond 'cultural sensitivity' to counteracting the harms of systemic racism and other forms of discrimination in healthcare. Cultural safety is about decolonizing services, systems and policies to mitigate the potential harms, traumas and lack of safety that people experience in healthcare and other settings.[1]

5. Cultural safety places responsibility for creating safety on service providers; however, whether or not services are safe is determined only by those receiving services.

6. Anti-racism, like cultural safety, is both a process and an outcome. Anti-racism requires continual efforts at all levels of the organization to ensure that people who identify as Indigenous, including those working as employees, feel respected and welcome. Strategies to eliminate anti-Indigenous racism are aligned with the goals of cultural safety, and require an understanding of the structural causes of racism, discrimination and stigma.

a. For example, Indigenous people are often subject to multiple intersecting forms of racism, discrimination and stigma, including gender-based discrimination, and stigma related to substance use and substance use health, regardless of whether or not they use/d substances. Anti-racism and anti-stigma strategies are therefore intertwined and essential to close the health equity gap.

7. Anti-racism is a health equity practice. It involves changing the practices, policies, and structures within organizations to actively counter racism.

Watch people with lived experience of racism and other experts explain the importance of anti-racism in health care.

https://youtu.be/eaQuna2WJmQ

[1] Browne, A. J., & Varcoe, C., and Wytenbroek, L. (2022). Chapter 3: A Relational Approach to Cultural and Social Considerations in Health Assessment. In A. J. Browne, J. MacDonald-Jenkins, & M. Luctkar-Flude (Eds.), Physical Examination and Health Assessment by C. Jarvis (4thrd Canadian Edition) (pp. TBA). Elsevier.

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Chronic Pain Essentials

1. Chronic pain is pain that persists for more than 3 months. It is recognized as a disease in its own right.

    a. Chronic pain is associated with significant emotional distress (e.g., anxiety, anger, frustration, depressed mood) and/or significant functional disability (interference in activities of daily life and participation in social roles).

    b. Chronic pain can be primary or secondary, emerging as a symptom of another underlying health condition[1].

2. Biomedical understandings of pain direct health care providers to make judgements regarding whether pain is "legitimate" or not, depending on whether the provider can identify a cause of the pain; this overlooks many forms of pain, including those that arise from trauma.

3. Health care providers and the public often stigmatize people who experience chronic pain; this is especially the case for women and Indigenous people.

4. People living with chronic pain are often assumed to be 'drug-seeking' when they are actually help-seeking[2],

5. Trauma and violence can negatively affect a person's physiological responses to pain, reducing their physiological ability to regulate pain.

6. People who experience interpersonal violence are more likely to experience chronic pain compared to those who do not.

7. Structural violence and inequities decrease people's access to appropriate, effective pain management; pain stigma intersects with racism, ablism, and discrimination related to poverty, mental health issues and substance use stigma.

8. Without access to adequate pain management, people may seek alternative forms of pain management with additional risks.

Watch people with lived experience of chronic pain and other experts explain the importance of equity-oriented approaches to chronic pain.

https://youtu.be/yGNxtXdicWg

[1] Nicholas, M., Vlaeyen, J. W. S., Rief, W., Barke, A., Aziz, Q., Benoliel, R., . . . IASP Taskforce for the Classification of Chronic Pain. (2019). The IASP classification of chronic pain for ICD-11: Chronic primary pain. Pain, 160(1), 28-37

[2] https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2019.html

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Substance Use Health Essentials

1. Substance use health encompasses harm reduction in promoting health for all regardless of their substance use or the circumstances of their lives. Substance use health as an approach includes education, prevention, regulation, self-directed access to support and treatment as wanted, and working towards barrier-free access to health and social services.

2. Substance use health as an approach aligns with social justice and equity-oriented approaches to social services and health care.

3. Substance use health approaches use strengths-based and capacity-building ways to support people who access services.

4. Substance use health does not promote substance use; it acknowledges that substance use is a regular part of most adults' everyday lives and practices and that substance use can be health promoting for some people.

5. Substance use health does not require abstinence as a goal; supporting people's goals related to substance use health is not limited to treating issues directly related to substance use. Health care providers need to coordinate with other services, such as gender-based violence support services and mental health care, treatment or counselling. Taking a substance use health approach includes advocating for a broader range of services than are currently available.

6. The notion that people who access health services are 'drug-seeking' is a myth, with no evidence behind it; in fact, people often avoid care to protect themselves from stigma and related harms.

7. Achieving substance use health is often impeded by policies and the way society is organized such as the strategic placement of liquor stores in specific neighborhoods, or the lack of availability of safe supplies, equipment or spaces to use.

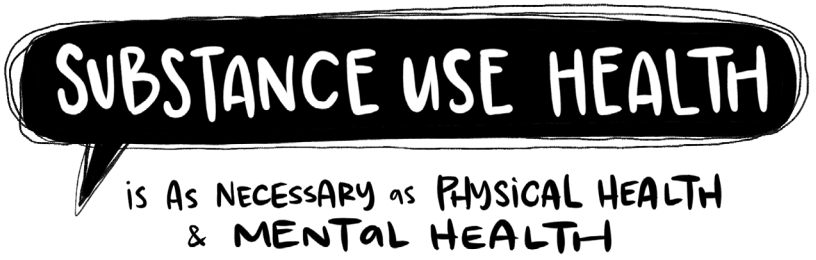
8. Health care providers and the public often discriminate against people who are assumed to use substances, contributing to unmet health needs and people's mistrust in care provision; we must all check our biases, and consider how they may be impacting our capacity to provide quality care or services.

9. Health care providers regularly overlook the knowledge and expertise of people who use substances; they know best what their health goals are and what support they want toward those goals, toward managing any health challenges associated with using substances, and in their daily lives.

10. Healthcare and social service providers must respond respectfully to and address the priorities, concerns and goals of people who access services and advocate for policies and services that promote health.

Watch people with lived experience of substance use stigma and other experts explain the importance of substance use health.

https://youtu.be/_MW43yWHYwE



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Substance Use Stigma and Discrimination

1. Stigma, or stigmatizing, means negatively stereotyping people based on biased and often inaccurate assumptions.

2. Discrimination happens when stigma is enacted through mistreatment of others.

3. Substance use stigma and discrimination occur in a broad context of social, political, and economic factors and are embedded in health care policies, practices, and environments.

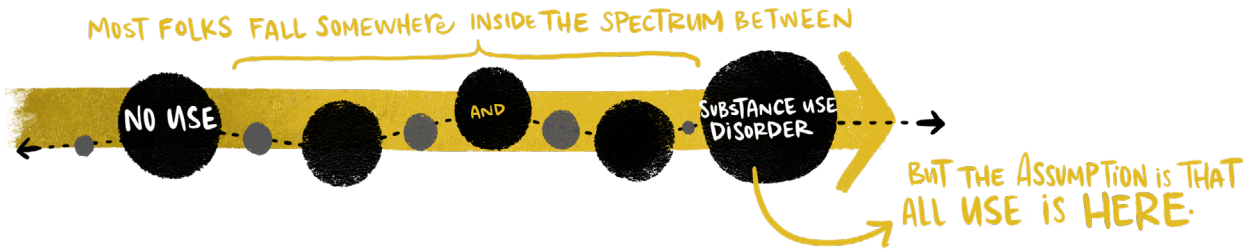
4. Although most Canadians use substances in some form:

   a. Some substances and some methods of use are stigmatized more than others
   b. not everyone using the same substance is treated the same. For example, people are treated differently based on income, racialization, cultural background, gender and parenting roles, and other factors.
   c. some people continue to be negatively judged and stigmatized even when they do not use substances

5. Stigma and discrimination related to substance use are common and frequently intersect with other forms of stigma and discrimination, such as racism and sexism, and worsen inequities.

   a. The criminalization of some substances (and not others) both reflects stigma and perpetuates stigma, significantly affecting health outcomes and health care experiences.
   b. Substance use discrimination is a pervasive barrier to healthcare with harms endured unequally.

6. Substance use stigma/discrimination is an equity issue; everyone can take steps towards combating it and providing safe pathways to care for people who experience it. At one of the organizations we have consulted with on these key message, they repeatedly remind us, “It’s your job to provide good care” regardless of whether people use substances or not.



Watch people with lived experience of substance use stigma and discrimination and other experts explain the importance of dismantling stigma in health care.

https://youtu.be/ZRTTidoPEuA