

# Health Equity Report

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## About the Author

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Amie Archibald-Varley is a thought leader and advocate for health equity. In her role as Health Equity Specialist at Niagara Health, Amie provides leadership, advice and strategic consultation to embed anti-racism and equity into the culture, policies and practices of this large health system, with a specific focus on promoting respect for equity-deserving groups. She has previously advised Health Canada, the Canadian Institute of Health Research and the federal government on topics ranging from nursing to health equity, anti-Black racism, mental health and poverty.

Amie is also a noted international speaker with the National Speakers' Bureau, media contributor, freelance journalist with the CBC, podcaster and author. As co-host, she can be heard on the [Gritty Nurse Podcast](#). Her book, [The Wisdom of Nurses](#), is forthcoming from Harper Collins (April 2024).

## About the Report

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Niagara Health commissioned this report to advance health equity across the organization as part of the next step in its Strategic Plan. The author was asked to provide a current state analysis and to craft a plan, including recommendations, that would satisfy this objective.

## Executive Summary

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Health inequities and poor health outcomes occur across Canada. Despite having a publicly funded healthcare system, there is growing evidence to suggest that the gap is widening in health disparities and inequities for racialized groups. Factors such as income, housing, socio-cultural and environmental conditions contribute to health inequities. Differential access to health, primary care and preventative services and racial and ethnic differences in the quality of care delivered also contribute to health disparities. Although race is a social construct with no biological basis, racism and its effects on healthcare are very real.

While COVID-19 has affected the entire world, the health risks, burdens, experiences, and outcomes are not equal for everyone. “Through the collection of race-based data, it was found that overall, the COVID-19 mortality rate was significantly higher for racialized populations (31 deaths per 100,000 population) compared to the non-racialized and non-Indigenous population (22 deaths per 100,000 population)” (Government of Canada, 2021). Thus, the benefits of improved care for racialized and Indigenous communities may be substantially more than for others. Covid-19 has pulled back the veil on systemic inequities in healthcare, which started national conversations on equitable access to care, quality of care and population health.

In most provinces and territories race-based- ethnic data is not collected, creating a gap in achieving health equity. Although we do not collect race-based data, the stories and experiences of patients and families highlight widespread inequities in Canada. We need to look no further than the experiences of Joyce Echaquan, Brian Sinclair, John River, and Heather Winterstien. My own mother, Shirley Archibald, was a victim of racism in healthcare. We can and must do better.

“Racism affects communities at both interpersonal and systemic levels; directly producing health inequities. Studies show links between racism and increased risk of poor health outcomes, including negative impacts connected to encountering racism (such as increased stress and declining mental health), underutilization of health services, mistrust of health systems, and higher rates of chronic disease” (Ontario Health, 2020).

Racism in healthcare must be dismantled through conversations, policy and practice changes. This transformative change must start with honest conversations and assessments of our systems structures.

Health equity is a priority at Niagara Health. Achieving health equity requires the examination of current policies and practices, thought processes, and evidence-based research to reduce unnecessary and avoidable differences. Health equity means ensuring access to opportunities to attain a higher level of healthcare through timely, appropriate and high-quality, comprehensive care, free from discrimination and independent of social, economic, and demographic status. Niagara Health needs to make continuous efforts to reduce disparities.

The purpose of this report is to examine health inequities disparities as it relates to clinical service delivery/clinical practice, and identify changes in clinical practices to reduce disparities. To this end, this report provides:

1. A current state analysis of health equity at Niagara Health through (meta-analysis of research, evidence-based practices that supports health equity strategies, collaboration with staff/community engagement)
2. Uses evidence from a variety of sources to identify clinical practice recommendations for Niagara Health to reduce health inequities of all equity-deserving groups. Some recommendations require community partnership/engagement or are provincial in nature, and have been identified as such in this document.

The following guiding principles helped define this body of work, given the focus on health equity in a clinical hospital setting:

- We are here, first and foremost, for the health and well-being of patients.
- Ontario Health Equity, Inclusion, Diversity and Anti-Racism Framework, as identified in the Strategic Plan, will serve as the framework for this work.
- The equity plan resulting from this work will be developed in the spirit of learning and mobilizing change to improve the quality and safety of care for patients.
- The plan will focus on health equity within the hospital.

Historically, healthcare leaders have not backed down from addressing complex issues. The COVID-19 pandemic is an example of how efficiently and effectively leaders globally worked to reduce the number of deaths and harm. In a matter of weeks, many organizations dramatically revised operations and planning, shifted to remote work where possible, deployed telehealth, reimagined research protocols and productivity, and even in some cases—crowdsourced personal protective equipment. A similar all-hands-on-deck approach is needed to health inequities and address racism in healthcare. This is a moral and ethical obligation.

## Methods

To inform this work, I conducted a meta-analysis of health equity literature (examined evidence-based practices that support health equity strategies) and interviewed six NH leaders and engaged several community health partners: Positive Living Niagara, Niagara Public Health, Niagara Region, Ontario Native Women's Association and Folk Arts Multicultural Centre. I also conducted benchmarking with healthcare organizations working to improve health equity in their communities. The hospitals that responded included: Peterborough Regional Health Centre, Brockville General Hospital, Chatham Kent Health Alliance, Windsor Regional Hospital, Hamilton Health Sciences, North Bay Regional Health Centre and Oak Valley Health. The results presented in this document provide guidance and recommendations to inform the implementation of this plan for a multi-year project on how Niagara Health can begin its journey to reduce health disparities and improve health equity in the community it serves.

## Key themes

The key themes emerged from meaningful patterns across the three data sources (research, leadership interviews, and hospital benchmark data). The themes demonstrate that key issues the health system is grappling with to improve care from a health equity perspective. These themes included:

1. Health Equity as a strategic priority utilizing Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework.
2. Collection of race-based/ethnic-based data/upgrading the Health Informatics System
3. Deploy strategies to address the multiple determinants of health of equity-deserving groups on which healthcare organizations can directly impact healthcare services, socioeconomic status, physical environment, and healthy behaviours.
4. Creation & development of structural processes to integrate and support health equity work.
5. Decrease institutional racism within the organization; and
6. Develop partnerships with community organizations to improve health and equity.

## Recommendations

The table below summarizes the clinical recommendations resulting from this body of work as a starting point to improve health equity.

	Niagara Health (NH)	Niagara Ontario Health Teams (NOHT)	Ontario Health (OH)/West/Ontario Health (OH)
<b>Kidney Care</b>	<ul style="list-style-type: none"> <li>Remove race as a modifier for eGFR function testing.</li> <li>Collect socio-ethnic/race-based data in relation to kidney care outcomes for equity-deserving groups.</li> <li>Create a plan to discuss changes with clients and plan for impact of patients who cross into this new threshold in the Niagara region.</li> </ul>		<ul style="list-style-type: none"> <li>Revisit clinical care standard.</li> <li>Implement “waiting time adjustment” for kidney transplant candidates affected by race-based calculation (as proposed by the Organ Procurement and Transplantation Network in 2023).</li> </ul>
<b>HIV</b>	<ul style="list-style-type: none"> <li>Educate Niagara Health staff related to HIV treatment/care to reduce stigma</li> <li>Examine how Niagara Health can deliver HIV care/treatment (outreach worker, nurse, social worker etc.) so patients can access care closer to home (with a focus on equity-deserving communities).</li> <li>Collect socio-ethnic/race-based data in relation to HIV for equity-deserving groups to improve healthcare outcomes/reduce risk of infection.</li> </ul>	<ul style="list-style-type: none"> <li>Examine how they may be able to provide appropriate mental health services, education, treatment, and follow-up, planning and services that will achieve health equity for patients with an HIV diagnosis.</li> <li>Educate community re: HIV (prevention, lifespan, treatment, peer-to-peer program, reduce transmission rates and improve health outcomes through early detection, treatment and support).</li> </ul>	
<b>Limb Amputation, Wound Care/ Patient Experience, Stigma, Delay in Care</b>	<ul style="list-style-type: none"> <li>Collect socio-ethnic/race-based data in relation to limb amputations/wound</li> </ul>	<ul style="list-style-type: none"> <li>Creates targeted strategies and policies required to serve communities with high amputation rates to reduce these disparities.</li> <li>Review current regional data related to wounds and wound care, ischemia and limb amputations.</li> </ul>	<ul style="list-style-type: none"> <li>Creation of actionable policies and quality metrics to reduce the incidence of critical limb ischemia and enhance the delivery of optimal care are needed.</li> </ul>

		<ul style="list-style-type: none"> <li>Improve patient relations in the community &amp; collaboration with public health agencies in relation to wound care and critical ischemia.</li> </ul>	
<b>Screening for Cancer Care</b>	<ul style="list-style-type: none"> <li>Collect socio-ethnic/race-based data in relation to Breast Cancer &amp; Colorectal Cancer Screening rates.</li> </ul>	<ul style="list-style-type: none"> <li>Design a campaign targeting equity-deserving groups using WCH and Health Partners Minnesota as a model.</li> </ul>	<ul style="list-style-type: none"> <li>Targeted resources to support equity-deserving groups who are disproportionately impacted.</li> </ul>
<b>Maternal/Neonatal Care</b>	<ul style="list-style-type: none"> <li>Collect socio-ethnic/race-based data in relation to Maternal/Neonatal mortality &amp; morbidity for equity-deserving groups to improve health</li> <li>Collaborate with hospital organizations that have begun this work.</li> </ul>		
<b>Gender Affirming Care</b>	<ul style="list-style-type: none"> <li>Integrate gender-affirming care into the new Health Information System build.</li> <li>Create an interim solution in relation to patient identification, including pronouns and chosen name to provide gender-affirming care for transgender patients and non-binary patients.</li> </ul>		
<b>Migrant Workers</b>		<ul style="list-style-type: none"> <li>Collect data in relation to this specific patient population to improve the overall care given to migrant workers in the Niagara region.</li> </ul>	
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>Examine how Niagara Health might provide culturally affirming care to racialized populations.</li> </ul>	<ul style="list-style-type: none"> <li>Collect data to support patients experiencing mental health and addictions as this is a priority of the OHT.</li> </ul>	

**In addition, the following general recommendations can be applied to all health service providers:**

- Focus on Anti-Indigenous and Anti-Black Racism.
- Include and Engage Key Voices. Listen to the staff and communities and include their ideas and feedback into the design, delivery and evaluation of programs and services
- Invest in Implementation. Apply the financial and people resources needed for success and ongoing sustainability. Specific funding and resource allocation to Health Equity to engage in activities that impact the patients, workforce and community.
- Represent and Reflect Ontarians. Strive for all levels of the organization to reflect the communities served.
- Address and reduce implicit and racial bias in a timely manner in the work environment.
- Reduce disparities by using data and best practices to establish standards, identify disparities and implement corrective action through a focus on access, experience and outcomes for the population.
- Identify and address discriminatory practices and procedures in all forms and all levels using targeted approaches (HIV, Kidney Care, Cancer Screening, Mental Health, Maternal/Neonatal health etc.)
- Contribute to Population Health. Work with other arms of government and agencies in planning services to improve the health of the population. Aligning with services across regions and Ontario Health Teams (OHTs)
- Report and Evaluate to Drive Improvement. Publish Framework metrics publicly with all reports, including an equity analysis.