

## Promoting Health Equity for Indigenous and non-Indigenous People in Emergency Departments in Canada



*Photo by Maurice Bruneau, used with permission of Mr. Sinclair's family*

Emergency Departments (EDs) in Canada often operate over-capacity and are under significant pressures. In this environment, particular groups of people experience inadequate and inequitable treatment in EDs, including Indigenous people, racialized newcomers, people with mental illnesses, those living in unstable housing or facing homelessness, experiencing interpersonal violence or using substances, and people involved in sex work. Stigma and discrimination in health care deters people from accessing care, interfering with effective care delivery, increasing reliance on EDs, and increasing human and financial costs.

### Examining the impacts of an organizational-level health equity intervention in Emergency Departments

This project will examine the feasibility, process, and impact of implementing an evidence-informed framework for interventions to improve the capacity of Emergency Departments to provide high quality care to people at greatest risk of experiencing health and health care inequities. Through collaboration among Indigenous leaders, ED staff and leaders and researchers, the project aims to improve care, safety, access, and decrease adverse events for patients and staff. We are adapting the Equity-Oriented Care (EOC) interventions we previously developed for Primary Health Care (PHC) clinics to promote equity, so that they apply to the ED context. The framework integrates evidence-based strategies to mitigate discrimination, stigma, and racism experienced by Indigenous people and non-Indigenous people.

**Rationale:** EDs have the potential to mitigate health inequities and facilitate appropriate care for people with complex health conditions. However, practices of discrimination in ED contribute to misdiagnoses, under-treatment and errors, deter timely care, and increase conflict. These dynamics increase costs and contribute to missed opportunities for enhancing the continuity of care and to less than optimal outcomes.

**Goal:** Implement, test and refine an equity-enhancing framework, including analyzing diverse contexts, integrating health equity initiatives tailored to each ED, setting outcome targets, and monitoring.

#### Objectives:

1. Engage EDs in a participatory process to enhance capacity for Equity-Oriented Care (EOC)
2. Examine impacts of EOC initiatives on:
  - organizational policies and indicators of quality of care
  - patient experiences of care and selected outcomes
  - staff engagement and team effectiveness
3. Analyze cost effectiveness and scale up potential.

### Tripartite Leadership Model

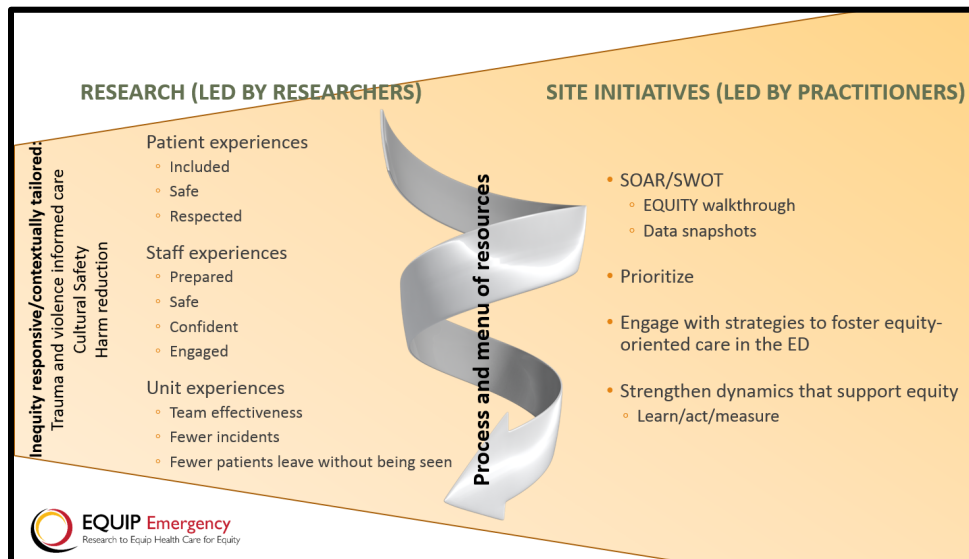
At each level (the overall study, at each site and at each ED) we will use a tripartite leadership model, engaging ER leadership and staff with Indigenous and community leadership and researchers.

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## Overview

This study is a partnership between researchers at University of British Columbia, University of Northern British Columbia, Université de Montréal and Dalhousie University, staff from three EDs, and leaders from their Indigenous and non-Indigenous communities.

First, the team is identifying what existing data are collected related to indicators of equity and organizational, staff, and patient wellbeing. For example, some Emergency Departments participate in a province-wide staff survey. Many collect data on how many patients leave without being seen. We are also working to identify types of data that can be collected directly from patients and staff. After obtaining ethical approval we plan to begin data collection in the fall.



Once baseline data are collected, site initiatives will begin. Each site will draw on cultural safety, trauma and violence-informed care, and harm reduction to tailor strategies to their specific contexts. The key elements at each site will include practice partners analyzing the units' strengths, weaknesses, opportunities, and threats (SWOT) related to equity-oriented care. Based on that analysis, staff at each site will identify priorities. They will develop initiatives, choosing strategies from a "menu" of possibilities. The initiatives can draw on the resources of the research team, including a \$10,000 catalyst grant, and the health equity training modules and tools we have developed: <https://equiphealthcare.ca/toolkit/>. Meanwhile, the researchers will continue to monitor the agreed upon indicators.

We are committed to ensuring the research is:

- Owned by the staff and patients at each site
- Sustainable beyond the research (initiatives 2017-2018)
- Disruptive to practices that sustain inequities, stigma, and discrimination
- Contributing to the well-being of patients, families, staff, and the organizations themselves

Our hope is to develop a process and set of tools that can guide any Emergency Unit toward enhancing equity!