

The Eastern Health Diversity Project: Examining Needs and Establishing Priorities

Objective

To examine patient and provider perspectives on the provision of effective and culturally competent care within Eastern Health (EH), focusing on two marginalized patient populations – the Indigenous and refugee communities of NL.

Practice Points

1. Inclusion is an important determinant of health.
2. Exclusion is a reality for many marginalized groups, particularly in the health system.
3. Solutions to exclusion include education and an organizational culture of cultural safety.

Methods (PI: Dr. F. Brunger)

In-depth, extensive interviews with patients and families, diversity service workers, health providers, and health decision makers were conducted to determine the gaps and strengths in health care delivery with respect to cultural competency and safety.

Results

A. Indigenous Patients

- The infrastructure, programming, and leadership within EH experienced by patients primarily through the Aboriginal Patient Navigator Program is stellar.
- The experiences of patients of being marginalized by, and having mistrust in, the health care system in general are strong.
- Repeated stories of patients being subjected to discrimination and racism by front-line workers.
- Mistrust in health care is a pan-provincial experience of being resettled to receive care in the St. John's region, not solely mistrust of EH.

B. Refugee Newcomer

- Patients feel that health care providers want to help them.
- Front-line workers are concerned that they are inadvertently providing substandard care.
- Providers and decision makers want to help and want to do the right thing. They do not know what to do and do not know where to turn for advice and support.
- The key theme in terms of access to health care for refugee patients was connecting various diverse pieces of ad hoc programming, and having a structure and leadership to implement and drive practices, policies, and programs to support culturally safe care.

Recommendations to EH

1. Some of the solutions to mistrust in the health care system experienced by Indigenous patients will need to be pan-provincial.
2. There is a need for leadership, structured program and policy development, consistency and communication of practice, and direction and support for health care providers.

Conclusions

1. Create an Obvious Governance and Leadership Structure

Have centralized leadership and oversight of a system-wide approach

Enable community partners to guide EH's decision making

Recognize and sanction diversity champions and initiatives

Evaluate programs and measure success

Communicate and coordinate services

Support capacity building

2. Educate Health Care Providers

Make information about patient populations easily available

Ensure that information about patient populations is not essentialising

Schedule training to mesh with staff schedules and time constraints

Emphasise cultural safety and humility

Plan training in partnership with community-embedded experts

3. Carefully Consider the Vision for Refugee Patient Navigation

4. Provide Sufficient Professional Interpretation Throughout the EH Region

Educate staff about the use of the telephone interpretation system

Make the telephone interpretation service more widely available

Train providers in how to work with interpreters

Ensure in-person interpreters are professional (trained and paid)

Expand availability of interpreters for Innu patients

5. Promote an Organizational Culture of Cultural Safety by Emphasising Cultural Humility and Relations of Power

Reflect on EH's place in the context of ongoing colonial oppression

Support education about and acceptance of traditional healing modalities

Notice places of marginalization, and create spaces

Create alternatives to the fee-for-service pay structure for physicians

Acknowledge and provide opportunity for unpaid informal volunteers

Reverse the order of who holds the knowledge