



Klinik Community Health's Statement on Equitable Access to Care

Responsibility: All Staff and Volunteers
Area: KOP, KOB, Brandon
Approved: January 20, 2016
Total Pages: 5

Klinik Community Health is committed to ensuring equitable access to primary health care services for all. Access to primary physical and mental health and social services is central to helping individuals and communities on their paths to wellness. Klinik continues to embrace a model of integrated care and works to address the many different barriers that people may encounter.

Overview

Klinik is a leader in community health, built on a foundation of social justice values. With an increasing understanding of the impacts of the social determinants of health, staff and volunteers at Klinik provide diverse services targeted to populations most negatively affected by the inequitable distribution of these determinants. Our programming has a strong mental health focus, which presents opportunities for hope and healing in a trauma-informed environment. As a socially conscious workplace, Klinik staff and board members have identified equitable access to care as a concern for people and the broader community.

Background

The constitution of the World Health Organization defines health as a “state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity¹.” The concept of health equity builds upon this notion and occurs when everyone has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their socially determined circumstances². Although both equity and equality aim to promote fairness and justice, the concept of equity recognizes that not everyone starts from the same place or has the same needs. As such, access to equitable health care and services refers to the ability of all people to obtain care and services at the right time, based on their individual needs. Connecting people to appropriate services that promote health and prevent disease is the focus of ensuring access to equitable care. When health equity exists, all people can reach their full health potential and are not deprived because of their race, ethnicity, religion, gender, age, disability, social class, socioeconomic status, sexual orientation or other circumstance determined by social factors³.

Within the Canadian healthcare system, primary health care services are frequently fragmented and strongly emphasize treatment, often at the expense of prevention, promotion and well-being. The existence of disparities in the quality of health and health services across the diverse communities of Canada highlights the need for community-specific health care. Actions and resource allocations used to create supportive environments for health must be based on clear priorities and a commitment to those who are marginalized. It is essential to address inequities for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.

1 http://www.who.int/governance/eb/who_constitution_en.pdf

2 <http://www.cdc.gov/chronicdisease/healthequity/>

3 <http://www.wrha.mb.ca/about/healthequity/statement.php>

Attempts to address the complexity of equitable access to health services have resulted in the development of a number of frameworks and models. These models look at different determinants of health and how to advance access to care from different entry points. Because of the complexity of this issue, many models/frameworks choose to group specific determinants of health. These groupings are often based on the means by which the individual determinants influence health. For example, the National Collaborating Center for Aboriginal Health groups determinants by proximal, intermediate and distal entry points⁴, whereas the population health promotion model looks at five different groupings: individual; family; community sector/system; and society⁵. Both models acknowledge that some determinants fall into more than one group. Education for example may be addressed at the individual or proximal level, whereas educational systems also have an impact on health, but would fall into the intermediate or sector/system group.

Some determinants of health are not modifiable, such as age, disability, or culture. However, they must be addressed when looking at barriers to care because of their impact on health behaviours, perceptions of illness, and social supports. A framework from Queensland Health in Australia⁶ looked beyond the typical 10 to 14 social determinants of health, incorporating 38 determinants of health, and grouped them by: socioeconomic and structural determinants, community context, and individual factors. The individual factors were then further broken into: health behaviours, such as physical activity and diet; psychosocial factors, which included perceptions of health and self-esteem; and, biological factors, including blood pressure and blood sugar levels. While determinants of health themselves do not cause health inequities, they may contribute to marginalization or oppression, leading to disproportionate impact of economic and social disadvantage, resulting in health gaps.

Health is shaped by many different circumstances that require health care services to be responsive to diverse needs throughout the population. There are a number of factors that work independently or in concert, creating barriers to accessing health care. Often, barriers compound and access to essential health services becomes a relative impossibility for people. Together, these barriers can result in neglect of personal health issues and may lead to downstream health emergencies, costing the system dearly. To appropriately address the barriers that arise from the interrelated and compounding influences of the determinants of health, an integrated model of care is necessary. Commitment to ensuring equitable access to quality health care includes ongoing work to integrate health services, break down barriers, and build knowledge with our service-users, staff and community members.

4 http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/46/health_inequalities_EN_web.pdf

5 <http://www.phac-aspc.gc.ca/ph-sp/php-ppp/index-eng.php>

6 <http://web.archive.org/web/20120506050300/http://www.health.qld.gov.au/ph/documents/hpu/24310.pdf>

Key Points and Recommendations

External:

- Continue to advocate for equitable access to health and social services.
- Maintain and enhance collaborative approaches to engage with and for individuals, families, groups, communities, populations and systems to address the social determinants of health.
- Identify options at the organizational, municipal, provincial, and federal levels to address service gaps, inequities in health, and accessibility issues to deliver more accessible and equitable health care to disadvantaged individuals and groups in our community.
- Promote and support primary mental health services as a fundamental component of a comprehensive health system.
- Support full inclusion in the social, cultural, political and economic spheres of society for people with disabilities in Manitoba.

Internal:

- Respond to the changing health needs of the individual, family, group, community, population and/or system.
- Provide culturally appropriate care with diverse communities and settings.
- Support the individual, family group, community and population's right to choose from a suite of health care options while continuing to provide education and information on best practices and evidence-based care.
- Continue to use strategies such as home visits and outreach to overcome inequities.
- Facilitate access to services and create policies that support marginalized populations.
- Analyze and take action on the social determinants of health that impact the opportunities for health and wellbeing in individuals, families, groups, communities, populations, and systems.
- Monitor and evaluate the effectiveness of policy and programmatic decisions on meeting the changing needs of the community.
- Continue to support community health outreach work to make connections with, provide insight and experience to, and provide financial or service support for community service groups that work at a grassroots level.
- Ensure youth have access to primary health care services including sexual and mental health initiatives.
- Develop and monitor key indicators to monitor progress on access and equity issues.
- Honour a supportive environment that creates a stigma and discrimination-free healthcare system for the community and for the community of providers.

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- Ensure programming is financially accessible, especially for marginalized populations.
 - Review current ability to provide services in the community for those who have financial barriers to accessing our sites.
 - Identify where people are having their non-medical needs met and, where possible, build partnerships to bring care to them.
 - Develop a decision support tool for new and existing projects/programs to acknowledge and address the social and economic conditions that contribute to creating barriers to access including gender based analysis.

General:

- Endorse recommendations from the Truth and Reconciliation Commission and consider the ongoing impact of colonization in service delivery and development⁷.
- Collect and use both qualitative and quantitative data from Klinik's service-users' experiences for the purpose of program evaluation and development.
- Encourage research initiatives that share knowledge and support program decision-making.
- Ensure strong connections among all programs to support the exchange of information and experiences that facilitate collaboration and reduce barriers within Klinik.
- Recognize partnerships at the local, provincial and national level to support our social justice mandate.
- Facilitate self-determined care and ensure that programs and services are developed and operated using a client-centred approach.
- Recognize colonization as a social determinant of health as part of work to understand the complex role that colonization plays in the lives and health of Indigenous people in Canada.
- Recognize the continuing strength, self-determination and resiliency of Indigenous peoples, families, nations and organizations in maintaining and renewing Indigenous knowledge and ways of life.

⁷ http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf

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