

# Equal Respect, Equitable Treatment: Core Commitments for Responding to Diversity and Inequality in the Health System

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Article abstract

The Fraser Health Authority (FHA) has established a framework of commitments to guide a range of issues from incorporating diversity, equity, and inclusion in clinical and policy decisions and responding to the historical and continuing discrimination against First Nations, Métis, and Inuit peoples, to creating psychologically safe environments, and dealing with harassment, bullying and other disrespectful behaviours. FHA Ethics Services hosted a workshop as part of the 2023 Canadian Bioethics Society-Société canadienne de bioéthique (CBS-SCB) Workshop and Community Forum to create an opportunity for critical reflection and discuss strategic responses for the organization to live up to these commitments. This paper summarizes the workshop and identifies key insights and issues that emerged as areas that should be addressed in responding to diversity and inequality in the health system.

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ACTES DE COLLOQUE / CONFERENCE PROCEEDINGS

# Equal Respect, Equitable Treatment: Core Commitments for Responding to Diversity and Inequality in the Health System



Susan Rink<sup>a</sup>, Bashir Jiwani<sup>a</sup>, Mojisola Adurogbangba<sup>a</sup>

## Résumé

Fraser Health Authority (FHA) a établi un cadre d'engagements pour guider une série de questions allant de l'intégration de la diversité, de l'équité et de l'inclusion dans les décisions cliniques et politiques à la réponse à la discrimination historique et continue contre les Premières nations, les Métis et les Inuits, en passant par la création d'environnements psychologiquement sûrs et la gestion du harcèlement, de l'intimidation et d'autres comportements irrespectueux. Les services d'éthique de la FHA ont organisé un atelier dans le cadre de l'atelier et du forum communautaire 2023 de la Canadian Bioethics Society-Société canadienne de bioéthique (CBS-SCB) afin de créer une opportunité de réflexion critique et de discuter des réponses stratégiques à apporter à l'organisation pour qu'elle soit à la hauteur de ces engagements. Ce document résume l'atelier et identifie les principales idées et questions qui sont apparues comme des domaines à aborder pour répondre à la diversité et à l'inégalité dans le système de santé.

## Mots-clés

bioéthique, équité, diversité, inclusion, inégalité

## Abstract

The Fraser Health Authority (FHA) has established a framework of commitments to guide a range of issues from incorporating diversity, equity, and inclusion in clinical and policy decisions and responding to the historical and continuing discrimination against First Nations, Métis, and Inuit peoples, to creating psychologically safe environments, and dealing with harassment, bullying and other disrespectful behaviours. FHA Ethics Services hosted a workshop as part of the 2023 Canadian Bioethics Society-Société canadienne de bioéthique (CBS-SCB) Workshop and Community Forum to create an opportunity for critical reflection and discuss strategic responses for the organization to live up to these commitments. This paper summarizes the workshop and identifies key insights and issues that emerged as areas that should be addressed in responding to diversity and inequality in the health system.

## Keywords

bioethics, equity, diversity, inclusion, inequality

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## INTRODUCTION

The Fraser Health Authority is the largest of 5 regional health authorities in British Columbia, Canada, and delivers hospital and community-based services to more than 1.9 million people in 20 communities. This population is one of the most diverse in Canada: 42% of people who live in the region identify as part of a visible minority; 23% of the people in BC who identify as either First Nation, Métis, or Inuit live in the region, as do 75% of the South Asians in British Columbia; 84% of BC's government assisted refugees live in the region; and English is not the primary language spoken in one in four homes in the region (1). This description only scratches the surface of the diversity in the region. The people who make up this population vary across other important factors as well, from age, sex and gender to education and socio-economic status, to the number of years they have lived in Canada and the countries from which they or their ancestors have come.

Like broader society, the people who live within the boundaries of and are served by the Fraser Health Authority, and who serve within the health authority, are all part of the same community and deserving of equal respect. While we all belong equally to humanity, we are different from each other in many ways including, but not limited to, gender identity, cultural background, racialized background, social class, and faith perspective. How society has responded to this diversity over time has led to unequal access to health care and unequal health outcomes for people and communities (2).

Using a values-driven deliberative process (3), the Fraser Health Authority developed a framework ('Framework') to guide all policies, procedures, practice guidelines, strategies, and standards for addressing discrimination in the many forms it appears in the organization. The Framework describes the five Core Commitments of the organization that people who receive services should expect to experience and to which those providing services within, or on behalf of Fraser Health, are expected to adhere. The Core Commitments are embedded in the 2023-2028 Fraser Health Equity, Diversity & Inclusion Strategy and Action Plan aimed at identifying and addressing systemic barriers that prevent equitable environments for all people serving within and served by Fraser Health.

The five Core Commitments are:

- *Respect for Indigenous Peoples:* We will specifically focus on the rights of all Indigenous peoples – First Nations, Métis, and Inuit – to ensure cultural safety and practice cultural humility.

- *Equal Respect, Anti-Discrimination, and Health Equity for All:* We will treat all people served by and working in Fraser Health with equal respect. We will eliminate individual and institutional discrimination. We will make sure everyone has equitable access to health care.
- *Accountability, Growth, and Excellence in All We Do:* We will take responsibility for living up to these commitments. We will continuously improve the environment within the organization.
- *Curiosity, Compassion, and Collaboration:* We will continue to learn from each other, as individuals and communities. We will be curious about each other's traditions, beliefs, and values. We will establish a shared approach to the complex questions we face together.
- *Health and Well-being for All:* We will protect and support the mental, physical, spiritual, and emotional well-being of those we serve and those providing services within, or on behalf of, Fraser Health.

An important part of the process to arrive at the Framework involved making the Shared Work Team's thinking transparent and then using a deliberative, inclusive method to solicit feedback and learn from others' perspectives to strengthen the Framework. The 2023 CBS-SCB Workshop and Community Forum session was hosted in this spirit – the aim was to create an opportunity for critical reflection on the commitments and strategic responses contained in the Framework.

## METHOD

This 3.5-hour facilitated workshop session was attended by approximately 25 people. The participants came from across the country, represented various backgrounds in bioethics, and included professionals and graduate students. The learning objectives of the session were to: 1) solicit critical reflection for responding to multiple healthcare policy and practice needs related to diversity, equity, and inclusion, and 2) explore practical strategies for living up to commitments to diversity, equity, and inclusion in healthcare organizations. The workshop included presentations to the workshop attendees, small-group discussions about the different commitments and the strategic responses to these commitments, and plenary conversations to share and consolidate feedback.

Prior to the day of the session, participants were provided a copy of the full Framework and given an opportunity to choose the Core Commitment that most interested them and were then assigned to that group. Those who did not provide a preference were pre-assigned to ensure a balance among the groups. The small-group discussion questions were:

1. Would living up the Core Commitments ensure equal respect and equitable treatment in a health care system?
2. Looking at each Core Commitment's description and values, what would you add/change?
3. In looking at implementing the Framework, what elements of a strategy are required to demonstrate these commitments?
4. What other considerations are important for an organizational response to diversity and inequality?

These discussions were facilitated by team members of the Fraser Health departments of Ethics Services and Equity, Diversity, and Inclusion (EDI). To help ensure open and honest collaboration and discussion, the session was not recorded. Instead, each small group included a person designated as recorder, to capture the conversation and feedback. The small group conversations informed a larger generative discussion on the importance of the Core Commitments within Fraser Health and the breadth of action living up to the commitments this would entail.

## DISCUSSION

Participants expressed an overall appreciation of the approach taken in the Framework. Specific strengths included its inclusive, equity focused approach, the handling of the concepts of discrimination, racism and intersectionality, and the forging of the relationship between ethics and equity, diversity, and inclusion. Participants highlighted several areas that will require attention in its implementation; however, as this was their first encounter with such an approach, participants did not share specific learnings from experiences in other jurisdictions.

### Inclusive, Equity Focused Approach

Having the values of equal respect and equitable treatment serve as the foundation for the Framework resonated with participants. It acknowledges our connection as part of the human community and appropriately sets the expectation that everyone is deserving of equal respect. Another perceived strength of the Framework was the specific endorsing of the rights of Indigenous Peoples, emphasizing the importance of cultural safety and practicing cultural humility. The Framework understands cultural humility to be a process of self-reflection to understand personal and systemic biases and to humbly acknowledge oneself as a life-long learner when it comes to understanding another's experience (4). The participants appreciated that the Framework recognized that is discrimination happening at the individual and institutional levels, and that everyone does not have the same access to health care. Finally, the fact that the Framework identified the value in learning from each other and that a multi-phase, multi-year approach was needed with regular accountability measures to evaluate effectiveness were also considered a strength.

## Discrimination, Racism, and Intersectionality

The Framework's response to discrimination was a key takeaway for the group. The Framework makes explicit that discrimination is not exclusively limited to racism; racism is only one form of discrimination. Age, ancestry, skin colour, criminal conviction, family status, gender expression, gender identity, indigenous identity, marital status, mental disability, physical disability, place of origin, political belief, race, religion, sex, sexual orientation, source of income – all these diversity factors have been identified as objects of discrimination (5). Those who experience discrimination of other kinds have an equal claim to having their experience addressed. A focus exclusively on racism can also hide harms from intersectionality – the compounding of harm from discrimination regarding multiple overlapping characteristics. Participants identified the importance of highlighting the role that intersectionality plays in discrimination when communicating individual and institutional responses to diversity and inequality.

## Ethics and Equity, Diversity, and Inclusion

Health organizations have the opportunity to (re)consider and strengthen the relationship between ethics and equity, diversity, and inclusion. The Framework articulates how Fraser Health considers this relationship. It identifies Fraser Health Ethics Services' role to help the organization operate with greater integrity by making values-based decisions in the context of diversity and inequality. If acting with integrity, put simply, is to walk your talk, and the Core Commitments represent Fraser Health's 'talk', then by supporting the organization to ensure that all policies, procedures, etc. are guided by the Core Commitments, Ethics Services can support the organization to 'walk' this way.

Areas identified in the workshop that may pose challenges and that will require special care and attention in the successful implementation of the Framework include the complexity of the value themes/Core Commitments, the need to include upstream solutions, and the complexities of education and communication.

## Complexity of Value Themes/Core Commitments

A common thread from the small group deliberations was that while the five Core Commitments reflect important ideals and are framed in a way that is easily accessible, each Core Commitment is complex and encompasses many themes. The risk is that key aspects of a commitment may be missed or ignored by those focusing on the larger theme. For example, the Commitment of "Accountability, Growth, and Excellence in All We Do" speaks to the responsibility we<sup>1</sup> will take for living up to these commitments and the work we will do to continuously improve the environment within the organization. Some of the underlying value specifications within this theme include addressing systemic racism in the Fraser Health organizational structure, ensuring there are opportunities to resolve conflict using traditional Indigenous ways, and building capacity in individuals to identify and correct our implicit biases. Exclusive focus on action at either the system or individual level risks not paying sufficient attention to the other level, when both are required to live up to this Commitment.

## Broader Determinants of Health and Upstream Solutions

Participants also raised concerns about how health equity is referenced in the Framework. Health equity is not simply about equitable access to health care. Factors that influence health outcomes can be both intrinsic, like our genetic make-up, as well as extrinsic, such as housing location, employment, age, and lifestyle preference. Implementation of the Framework should 1) ensure health equity is considered broadly, and 2) engage relevant partners upstream to address the social determinants of health required to achieve health equity.

## Equitable Approaches to Education and Communication of the Framework

An important area of opportunity relates to providing education about and communicating the Framework. Education and communication approaches may themselves include implicit biases. For example, when it comes to Indigenous cultural safety and humility, the burden is often placed on Indigenous community members to provide Indigenous-related education to teams, without adequate compensation, integration, or support, rather than working alongside these members to ensure accurate information is being developed and provided in an inclusive, sustainable way. When sharing information across an organization, equitable access to multiple delivery methods should be used. There should be opportunity for face-to-face training, online learning, virtual classrooms, blended learning, and mobile learning to meet the diverse learning needs of the target population. Innovative learning methods should be pursued, such as immersive approaches that enable people to share in the lived experiences of a person/community's culture and tradition. Looking at alternate methods to engage with others may allow for a better knowledge-exchange of the Framework and bring together members of different communities. Learning opportunities should be made available to all learners, in different languages as appropriate, and should be developed in partnership with content experts, ensuring the burden of content creation is equally distributed. It will also be important to provide communication and education in methods that do not need electronics to ensure equitable access to messaging and resources.

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<sup>1</sup> The term "we" refers to those providing services within, or on behalf of, Fraser Health.

## CONCLUSION

The interactive session on the Fraser Health *Equal Respect, Equitable Treatment: Core Commitments for Responding to Diversity and Inequality in the Health System Framework* at the 2023 CBS-SCB Workshop and Community Forum sought to share the health region's approach to working in contexts of diversity and inequality with people who had an interest in bioethics from across Canada. The goal was to validate this approach and to receive critical feedback to improve both the Core Commitments and the region's strategic response to living up to the commitments contained in the Framework. The discussion above shows that there is good reason to believe that the workshop met these objectives. The facilitators are very grateful to the CBS-SCB for creating a forum to make this possible and to the participants who gave hours of their time to engage with this important topic. The experience demonstrates the relevance and importance of the CBS-SCB and the value of collaboration amongst the community of bioethicists in Canada to support analysis of important ethically challenging issues facing Canadians today.

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