Patient Identity, Social Disparities and Harm Reduction:
Towards an Intersectional Approach to Ethical Health
Service Delivery

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Introduction...

Documented accounts of perceived discrimination (Subtle, systemic or overt):

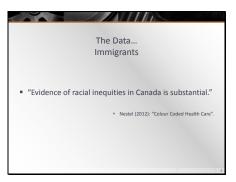
Insensitive and unfriendly treatment by health providers.

Racial sturs.

Stereotyping.

Inferior care.

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The Data Immigrants... • Language and Cultural Barriers: • "They became friendlier when they knew of my educational qualifications..." • "Mannerism and communication was rushed." • "It was as if they had no time to listen." • "I felt like I was a burden." • "Doctor seemed scared because of FGM. Caesarean operation was unnecessary". • "Failure to develop a relationship through understanding of the context of the patient". • "Holios st al (DDD).

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The Data Immigrants... Policy-based/Systemic Barriers: ITHP (interim Federal Health Program) for Refugees: Difficulties with payment. Bureaurus, elden and pre-approvals processes. Rejection of patients. Systemic Inaccessible/Culturally Inappropriate Services. Long Walt-times: Inadequate communication about procedures. Patient solution. Patient perceptions: Disrespectful and discriminatory. Poliock et al (2012).

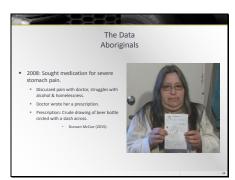




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Legal and Policy Contexts...

• Underlying purpose of CHA is to:

• "Create a system of equitable access to healthcare".

• "Sethou and Doul (DBI3).

• The CHA:

• "Reflects Canada's commitment to high-quality health care accessible to all.

• "Access to healthcare based on need, not the ability to pay, in regarded by many to be a defining characteristic" of canada's health system.

• Sight Choodiny.

• Equal access to healthcare:

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• Equal access to healthcare:

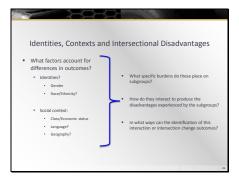
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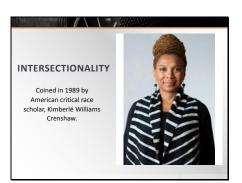
• Robert Funns.

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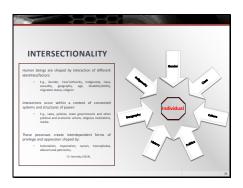
Legal and Policy Contexts... Interim Federal Health Program for Refugees: Complex Complex Complex Can reinforce stereotypes Access demials Questions raised by the data: Are legislative/policy/institutional obligations to Canadians - Aboriginals and Immigrants – and other residents of Canada being met?



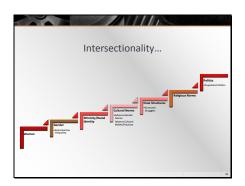
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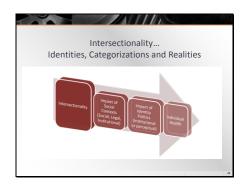


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Intersectionality... Identities, Categorizations and Realities • Links between "identity constructions" and "lived realities". • Leew and Greenwood (2011). • Racialization. Attribution of racial/ethnic labels or identities to groups that would not have labeled themselves in add manner. • Identity Constructions: • Perreptual. Censions or unconscious. • Legal and Policy based: Privileges based on differentiations • Used Realities: • Non calculated Caterna versus "Refugere-(Immigrants" with IRMP insurance coverage. • Non calculated caternal versus "Refugere-(Immigrants" with IRMP insurance coverage. • Non racialized on Advancing population versus Aboriginals with complicated relationships with the health system. • Non-racialized immigrants versus Racialized immigrants with language and cultural barriers.

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Intersectionality... Identities, Categorizations and Realities • Identities and how constructed affect the way services are delivered (or not) to those so categorized. • Impact on the health of those so categorized. • Recognizing the confluence of identities/categorizations and social context is crucial: • Evidence shows social contexts have "far greater influence on health and incidence of ithms than conventional biomedicine and behavioural risk factors." • Leeuw and Greenwood (2011).



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Intersectionality...
Identities, Categorizations, and Realities

• A policy focus on all may not be good for some.

• "... A health care system that knowingly overlooks the expressed health concerns of a particular group ... in the name of treating all patients "the same" is enacting a form of discrimination through refusing to recognize the diverse ways in which health care needs are expressed and met."

• Certain groups of people "bear disproportionately negative health impacts compared with the general population".

• Pollock et al (2012).



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An Intersectional Approach to Ethical Health Service Delivery Intersectionality: Identifies links between identifies and social contexts. Involves "social action that promotes social justice" (Rogers & Relly (2011)). Identifies that a patient's terms of engagement with a hospital are often fixed, non-negotiable and decontextualized from patients' place in society. Bridges relational gaps between provider and patient. "Inherently oriented to fostering social change...grounded in social justice and equity" (Varcoe et al. (2011)).

	proach to Ethical Health Delivery
Medical education: Intersecting contexts of disadvantages. Cultural sensitivity Hospital staff training. Cultural sensitivity.	Accountability of health providers: Practices faling outside malpractice. Complaints processes and bureaucracles. Legal and Policy reform:
 Interpreter services Language + Culture. Culturally appropriate care. 	 Health insurance for refugees Rigidity of hospital policies and how communicated. Need for sensitivity and empathy.

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