

# Insights from Interview with Erin Beckwell

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## Health Equity during COVID-19 in Saskatchewan

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**Equity-oriented health care should be trauma-informed, and include considerations of harm reduction and cultural safety.**

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- (Learn more about EQUIP Health Care's take on Equity-Oriented Health Care that incorporates these 3 key dimensions here: <https://equiphealthcare.ca/>)

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**When we're talking about any health experience, we need to meet people where they're at.**

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- We often approach services, health messaging, and health education from the perspective of the gold standard or the ideal, even when we know this is unattainable for lots of folks.
- The reality is that if our messaging, if our services, if our response doesn't actually attend what is possible by individuals, people are going to do what they do anyway. However, they may sometimes feel they can be transparent about it with service providers or even with their family or community.
- How do we actually tailor our responses, whether that's health messaging or in actual health services to people's cultural orientation and identities, as well as the broader context that goes with that?

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**We need to also acknowledge that all experiences of culture are not equal and have different implications in our society. When we have something like COVID happening, we need to be extra mindful that people who are socially vulnerable are extra vulnerable to contracting COVID, but they also have poor access to care,**

**including testing and also poorer outcomes. Equity-oriented approaches aren't just for our clients or our patients, it's about our communities and our relationships with one another as well.**

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**We need to remember that for many people, COVID has been 'drop everything, this is all we talk about now because our work is all COVID work', but for people in vulnerable situations, that isn't necessarily reflected.**

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- That doesn't mean people are in denial or that people are somehow not caring about their health or the health of their community or their family. It means their priorities are different because they have unmet physical and social needs, sometimes relational needs. Those unmet needs supersede talk about some abstract virus that people don't really understand or the information changes everyday.

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**When we're talking about folks who are seen as "vulnerable" - there's a wide spectrum and that's a very big label to slap on folks.**

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- This is actually not always helpful because we need to ask, why are people vulnerable?
- When we talk about who's vulnerable there are a lot of assumptions, and a lot of risk that we're going to miss people because vulnerability is socially constructed - it's structural, but it's also subjective

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**Engaging for Health Equity**

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A Community-Campus Response to COVID-19 in Saskatchewan