Insights from Interview with Erin Beckwell

Equity and Health Literacy during COVID-19 in Saskatchewan

Re: Health Equity

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

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

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

- 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?

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.

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.

- 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.

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.

- 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

Re: Health Literacy

Health Literacy is about how well can individuals and populations access and understand and act upon information to promote health.

- We all have health literacy.

• We assume that health literacy only affects people who need communications at lower literacy levels, but we all benefit when things are written clearly and use simple basic language that is not loaded with jargon and abstract metaphors, but also that's inclusive of our realities.

When people are under stress their health literacy drops. In our communications, we need to accommodate for that, in terms of the way information is distributed and accessed.

• Under stress, people have lower capacity for sleuthing out reliable sources of information so they may be more inclined to take the first info they get.

So often we're trying for generic messaging that meets everyone's needs, but the reality is that there's no such thing as the 'general public' and we have to be really mindful that people are in unique positions.

• If we don't stay mindful of this then we risk coming across as not very credible or not very informed, and certainly not inclusive, because our messaging affirms these positions that everyone has the same access to supports. For example, assuming that everyone can go and talk to a case manager or has a local food bank.

The biggest risk is, if our messaging isn't accessible and relevant and actionable, we may see higher rates, outbreak and poorer outcomes for COVID.

We must remember that people have informal communication networks that has been developed over years and generations of people learning 'how do I get information'

• Folks in the community, whether the community is rural folks, people who live on reserve, people who are street involved and stay in shelters or access community-based drop in centres and food programs, there are ways they communicate information to one another.

So, we must be able to think about what the community already knows and what they do well. Sometimes the risk we run is assuming the community knows nothing. Therefore, we come in and we 'inform the community', but the reality is that a really good response needs to be informed by the community.

• Community knows what they need and the question is, then, how can those of us in health communications create space for that knowledge to actually be heard and then integrated into that plan and response?

As we formulate our responses, we need to find balance between what the big system brings to the table in terms of lots of capacity, but how do we do that in a way that honours the resiliency and capacity in community and that inherent knowledge?

• How we also acknowledge traditional knowledge or collectively held knowledge isn't always considered in official health communications.

  • If [health care workers] don't step into the conversation in a way that's humble and open and actually creating space for people to truly say, 'this is what my teachings are on this' or 'this is what my question is about', people will still talking about it, but just not with us [health care workers].

  • So there will be that sense that [health care workers] are not safe to even ask that question to or express that belief to or share that practise with. But, people are still doing it.

  • Cultural humility looks like asking the question, "tell me about your understanding of this or how your traditional teachings might be useful to us in understanding what's happening right now?'.

We couldn't have scripted the COVID-19 crisis any better in terms of a way to illustrate what equity-oriented health service should look like.

• We have all seen inequities and structural gaps in our society and inequities in terms of who has access to stable housing and good social supports and all health

care. The COVID-19 crisis is going to be the really tangible, concrete case-study of that.

This is an opportunity for all of us to reflect on and scrutinize the way we communicate, the emphasis we put on official communications, processes and timelines.

A priority call to action is for those who are generating official communication streams.

- We can have targeted messages, but we also need to integrate different images, different language, different formats into our existing messages that makes them more accessible and more actionable for people.