

Through an Equity Lens: Key Findings

How are Social Inequities, Stigma, Discrimination, and Patient Experiences of Emergency Health Care Related?

The Study

EQUIP Health care, a research and implementation program, partnered with clinical, community and Indigenous leaders in three diverse emergency departments (EDs) in British Columbia, Canada. We looked at how patients' experiences of care, discrimination, and repeat ED visits were related to their social and economic circumstances.

Our sample was more diverse compared to routine ED surveys.

Over 2400 people visiting one of the three EDs provided their age, gender, financial employment, housing status, first language, racial identity and country of birth; almost 1700 of them completed the full survey about their experiences inside and outside the ED. Our analysis found six different groupings of people based on their experiences, and these groups had different care experiences, as follows:

Who rated care more highly?

Retired economically stable older people born in Canada.
People under 65 years, born in Canada, with stable housing.

Younger economically stable immigrants.
Unemployed older immigrant people, with English as a second language, with variable economic situations.

Who rated care more poorly?

1 Severely socially disadvantaged younger people who were born in Canada, including a high proportion of Indigenous people.

These two groups were also....

Least likely to have access to primary health care.
More likely to come to the ED for **ongoing health issues.**

2 Less employed younger immigrants.

Related to these two points, they were rated by **staff as being less ill.**

Going to the ED **more frequently.**

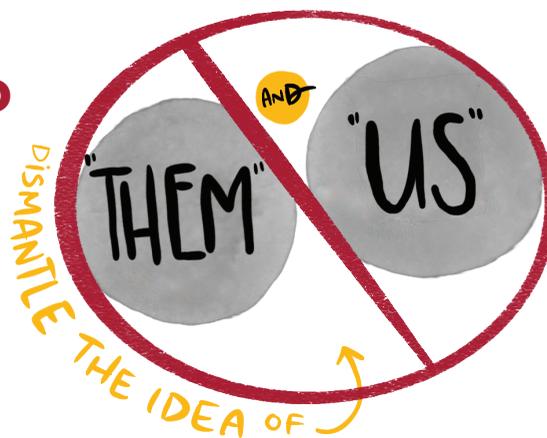
More likely to **report discrimination** in their everyday life & during their ED visit.



All groups were more likely to experience discrimination in the ED than in their everyday lives

Two groups of older people reported the lowest everyday discrimination (4.43 and 5.06 out of a total score of 45, respectively), yet reported experiencing discrimination in the ED (11% and 19.5%, respectively).

Two groups of structurally disadvantaged younger people were more likely to report discrimination during their ED visit (37% and 45.6%, respectively).



Identified reasons patients thought they were discriminated against in the ED were:



Substance use, appearance, mental health, suspected of substance seeking, and age.

Take Away Messages

To improve ED care, we need to treat everyone, but especially people who experience financial, employment, and housing challenges, and younger people, in more compassionate and less stigmatizing ways. This means looking beyond how people present or what “counts” as an emergency to see all people as deserving of care.

To reduce ED strain, we need to continue increasing primary care capacity, income supports and housing availability. We also need to be aware of our individual and system-level biases and understand how stigma and discrimination affect people who need and deserve good care and may not have anywhere else to go



For more information on this study, see:

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