



Shared health
Soins communs
Manitoba

Intersectionality and Patient Safety: What are the connections?

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Statement of Acknowledgement of Indigenous Ancestral and Territorial Lands

Health services across Manitoba are provided in facilities located on the original lands of First Nations, Inuit, and on the homeland of the Métis Nation. Manitoba's health authorities respect that First Nations treaties were made on these territories, acknowledge harms and mistakes, and we dedicate ourselves to collaborate in partnership with First Nations, Inuit, and Métis peoples in the spirit of reconciliation.

[Land Acknowledgement - Shared Health \(sharedhealthmb.ca\)](https://www.sharedhealthmb.ca/land-acknowledgement)

Land Acknowledgement

The University of Manitoba campuses and research stations are located on the original lands of Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene peoples, and on the homeland of the Métis Nation.

We respect the Treaties that were made on these territories, we acknowledge the harms of the past that continue in the present, and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration.

I am responsible to learn, unveil the truth and personally commit myself to reconciliation. I will engage in uncomfortable conversations, examine my own bias and privilege. I will continuously examine policies, procedures, and conduct in our work and learning environment to identify and dismantle those structures in which racism continues to be embedded.

Today's Presentation Objectives

1. Introduce the concept of “intersectionality”
2. Explore ways the concept of intersectionality relates to patient safety
3. Support reflection about applying tools and approaches in your context

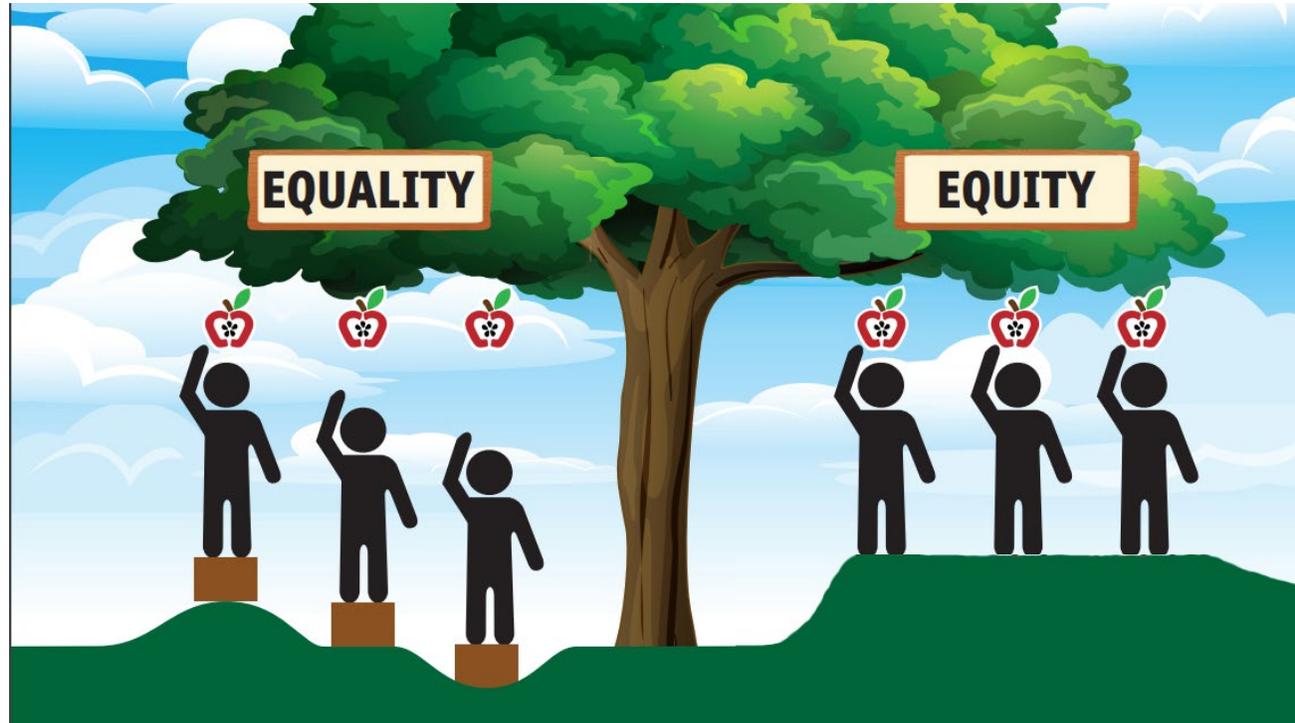


Canadian Patient Safety Week

October 24 - 28, 2022

Learn More

<https://sharedhealthmb.ca/health-providers/patient-safety-week/>



www.TriCountyCradleToCareer.org



Diversity includes all the ways in which **people differ**. Looking at the picture it encompasses all of the characteristics, personal experiences, values, and worldviews that make one individual or group different from another.



Inclusion is the act of creating an environment in which any individual or group can be and feel **welcomed, respected, supported, and valued to fully participate** in all the opportunities afforded by the Health System



Intersectionality recognizes the complexity and diversity of human experience. It helps us consider the ways that **systems of power and oppression** (like racism, classism, sexism) **are interwoven. Intersectionality calls us to act to disrupt the systems and structures.**

Intersectionality



SOCIAL SYSTEMS AND STRUCTURE

- » Social assistance
- » Economics
- » Education
- » Labour
- » Legal
- » Health

DISCRIMINATION AND OPPRESSION

- » Colonisation
- » Homophobia
- » Ageism
- » Racism
- » Ableism
- » Religious discrimination
- » Classism
- » Sexism

SOCIAL STATUS AND IDENTITY

- » Indigeneity
- » Ethnicity
- » Parent/carer status
- » Sexuality
- » Gender identity
- » (Dis)ability
- » Religion
- » Age
- » Race
- » Cultural background
- » Migration & refugee status
- » Socio-economic status
- » Sex

National Collaborating Centre for Determinants of Health. Let's Talk Intersectionality. Available: <https://nccdh.ca/resources/entry/lets-talk-intersectionality>

Black Feminist Roots

- Intersectionality is a term coined by Kimberlé Crenshaw:
 - “Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects.”
- Intersectionality is closely related to critical race theory, as it recognizes:
 - Racism is a system that grants opportunities and privileges based on a racial hierarchy
 - Racism shapes the diverse lived experiences of racialized people



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Core Ideas

- Human lives are complex and multidimensional
- Social identities and the meanings they hold in society are dynamic and can shift depending on the context
- Various forms of power and oppression interconnect and reinforce each other
- People can experience both privilege and disadvantage at the same time depending on the context

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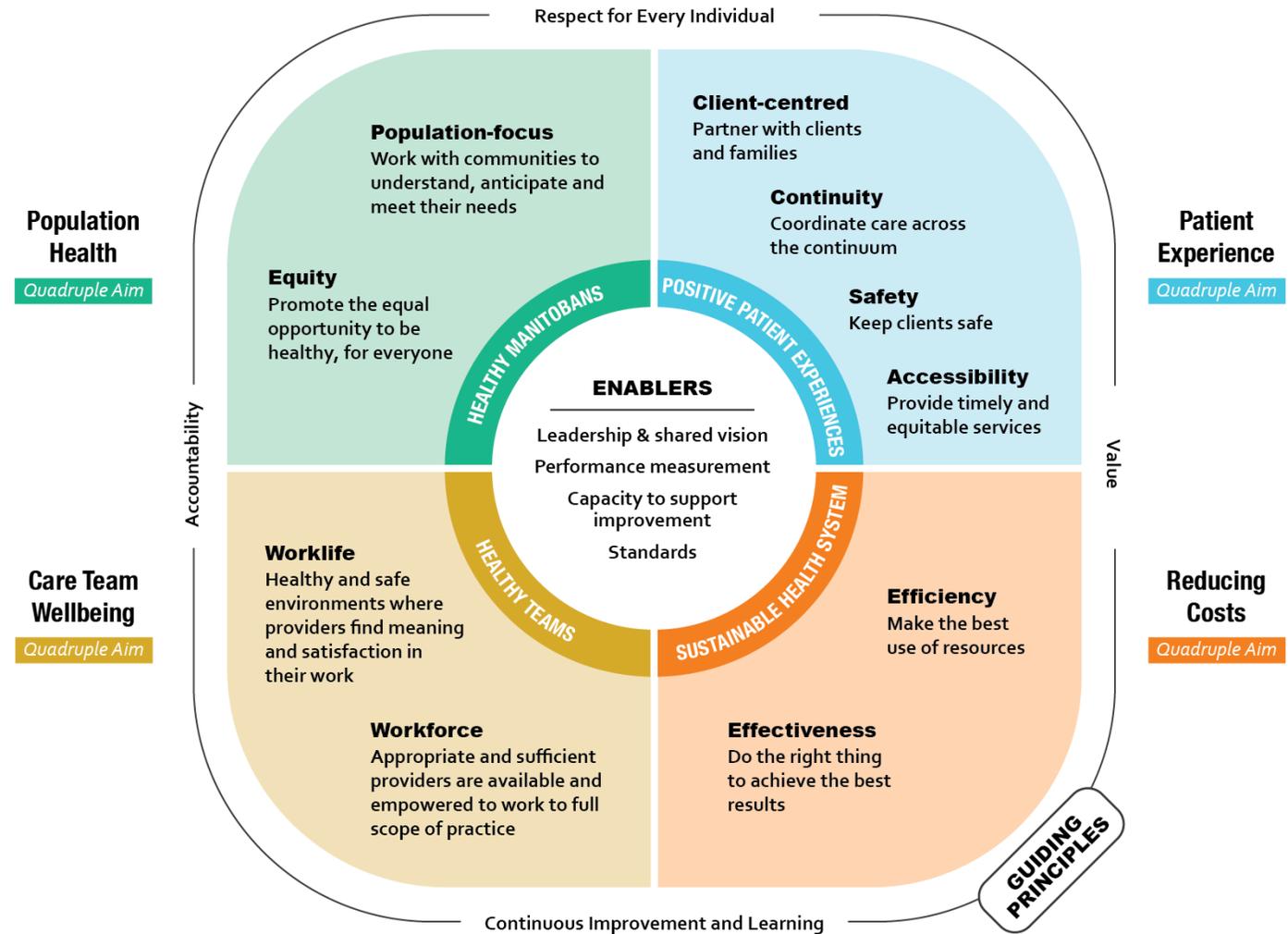
Intersectionality has the potential to transform how health equity issues are identified, examined and addressed.

- An intersectional approach ought to:
 - ground itself in the pursuit of social justice; and
 - break away from narrow, one-dimensional understandings of discrimination and marginalization.

How can we leverage the concept of intersectionality to improve patient safety in Manitoba?

Patient Safety

- Keep clients safe:** avoiding foreseeable physical, mental, or emotional harm or injury, minimizing risk and applying culturally safe and appropriate healthcare interactions and practices. Arises when people know what to expect, what to monitor and how to respond and are able to learn from past experiences



Manitoba Quality and Learning Framework (2019):

<https://sharedhealthmb.ca/patient-care/quality-patient-safety-learning/framework/>

Measuring and Monitoring of Safety Framework



Healthcare Excellence Canada:
<https://www.healthcareexcellence.ca/en/events-and-opportunities/webinar-how-safe-is-your-care/>

Patient Safety, Intersectionality & Patient Engagement

- Patient engagement is essential for Patient Safety
- Centre and engage people from historically and currently oppressed groups
- Recognize communities are heterogenous with diverse needs and experiences

Critical Reflection and System Change

Investigate how underlying bias, values, beliefs and norms relate to systems of power and oppression and drive daily practice and decision making



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Examples and Discussion

Think back on your examples of past patient safety events: Consider how the concept of “intersectionality” could be applied to this event. Consider how racism; ageism; sexism; and other oppression of social identities interplayed. What happened? How we learn from that event?

The Platinum Rule and Dignity in Care

- **Platinum Rule:** doing unto patients as they would want done unto themselves
- **Dignity in Care Toolkit:** What do I need to know about you as a person to provide you with the best possible care?

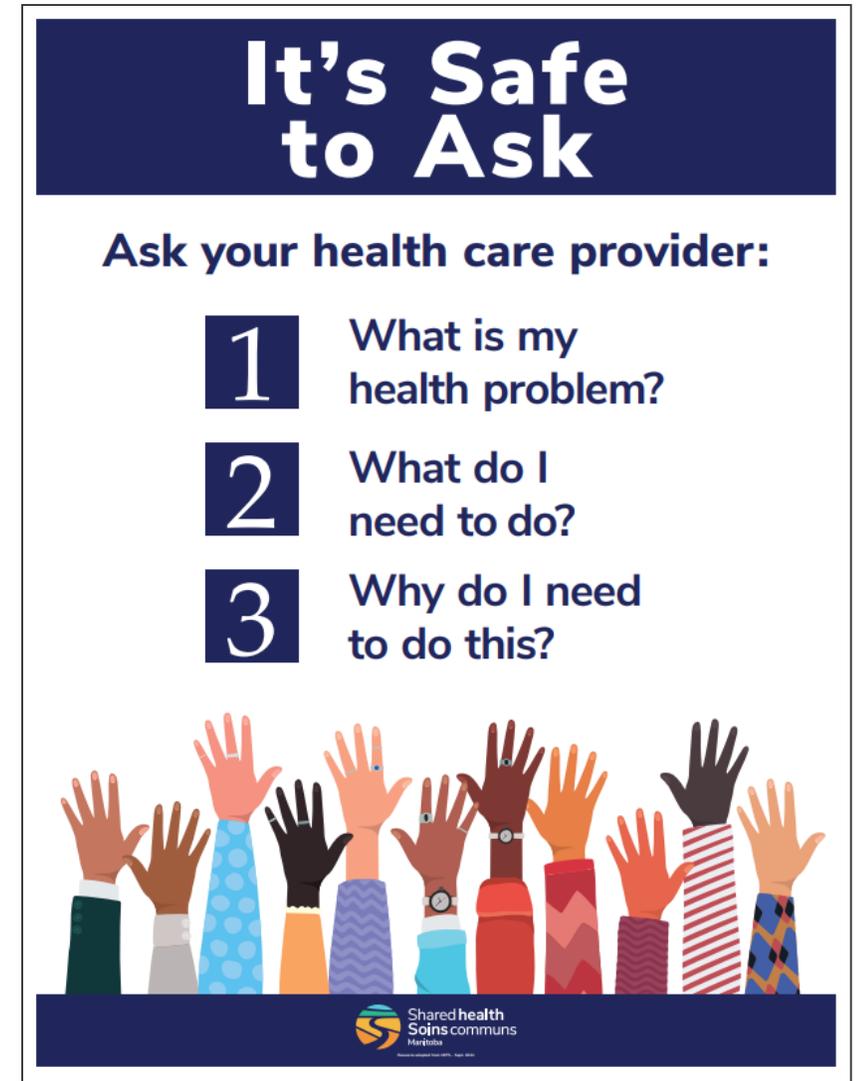


Dignity **IN** CARE

<https://dignityincare.ca/en/>

It's Safe to Ask

- It's Safe to Ask is a Manitoba **health literacy initiative** developed to address barriers to low health literacy
- It encourages people to ask health care providers **three** key questions at every visit
- Brochures and posters are available in 14 languages



It's Safe to Ask

Ask your health care provider:

- 1** What is my health problem?
- 2** What do I need to do?
- 3** Why do I need to do this?



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Shared Health: <https://sharedhealthmb.ca/patient-care/quality-patient-safety-learning/patient-safety/its-safe-to-ask/>

Indigenous Healthcare Quality Visual Framework

Indigenous Healthcare Quality Framework

Prepared by

Indigenous Healthcare Quality Leads in partnership between Ongomizwin Indigenous Institute of Health and Healing and the George & Fay Yee Centre for Healthcare Innovation.

Version Date: June 2022, Version 1.0

Available:

<https://umanitoba.ca/ongomizwin/sites/ongomizwin/files/2022-07/Indigenous%20health%20care%20quality%20framework.pdf>

Patients

(what patients, as well as their families and caregivers, need to feel)

Healthcare Providers

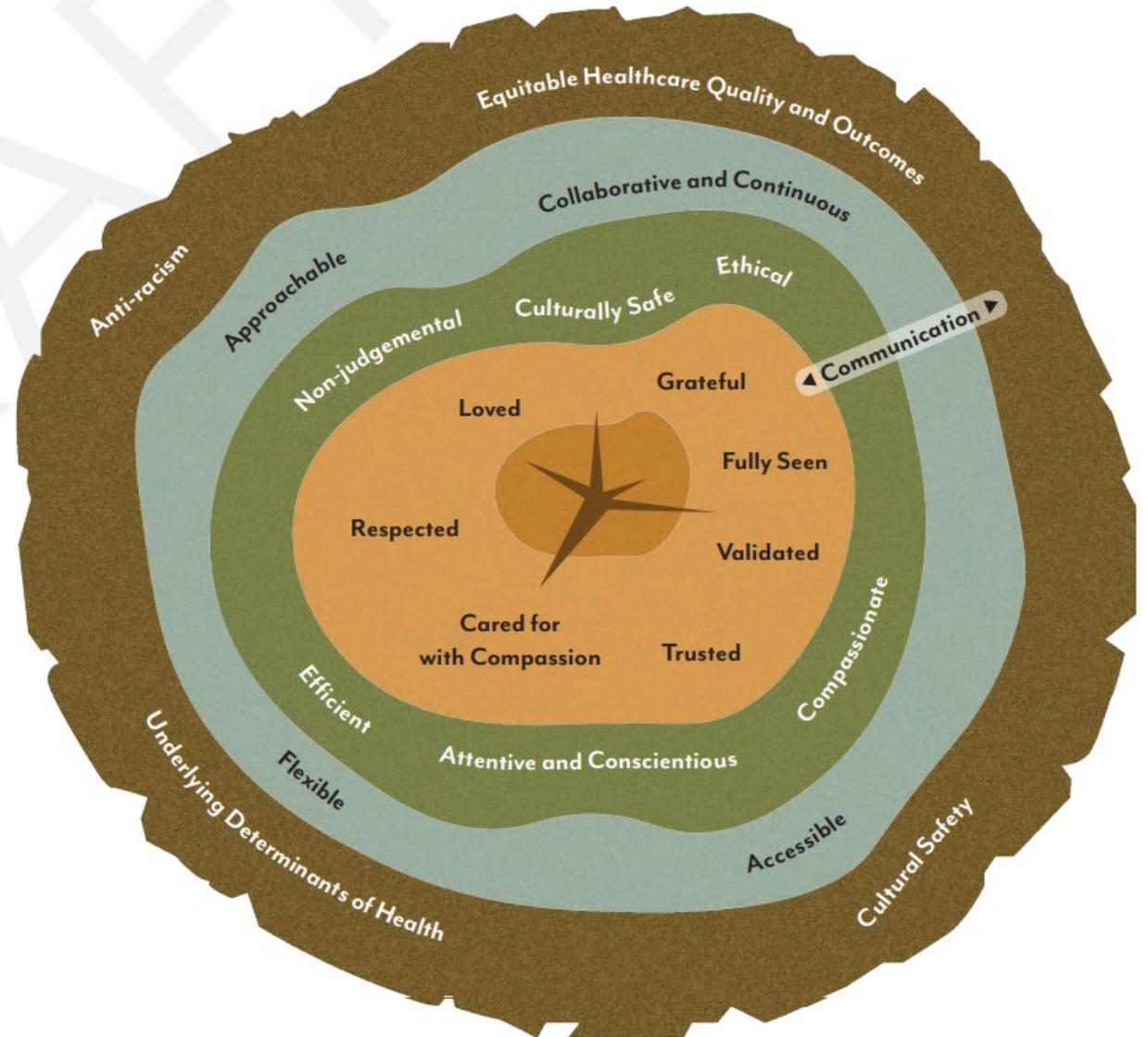
(what providers need to be)

Healthcare Systems

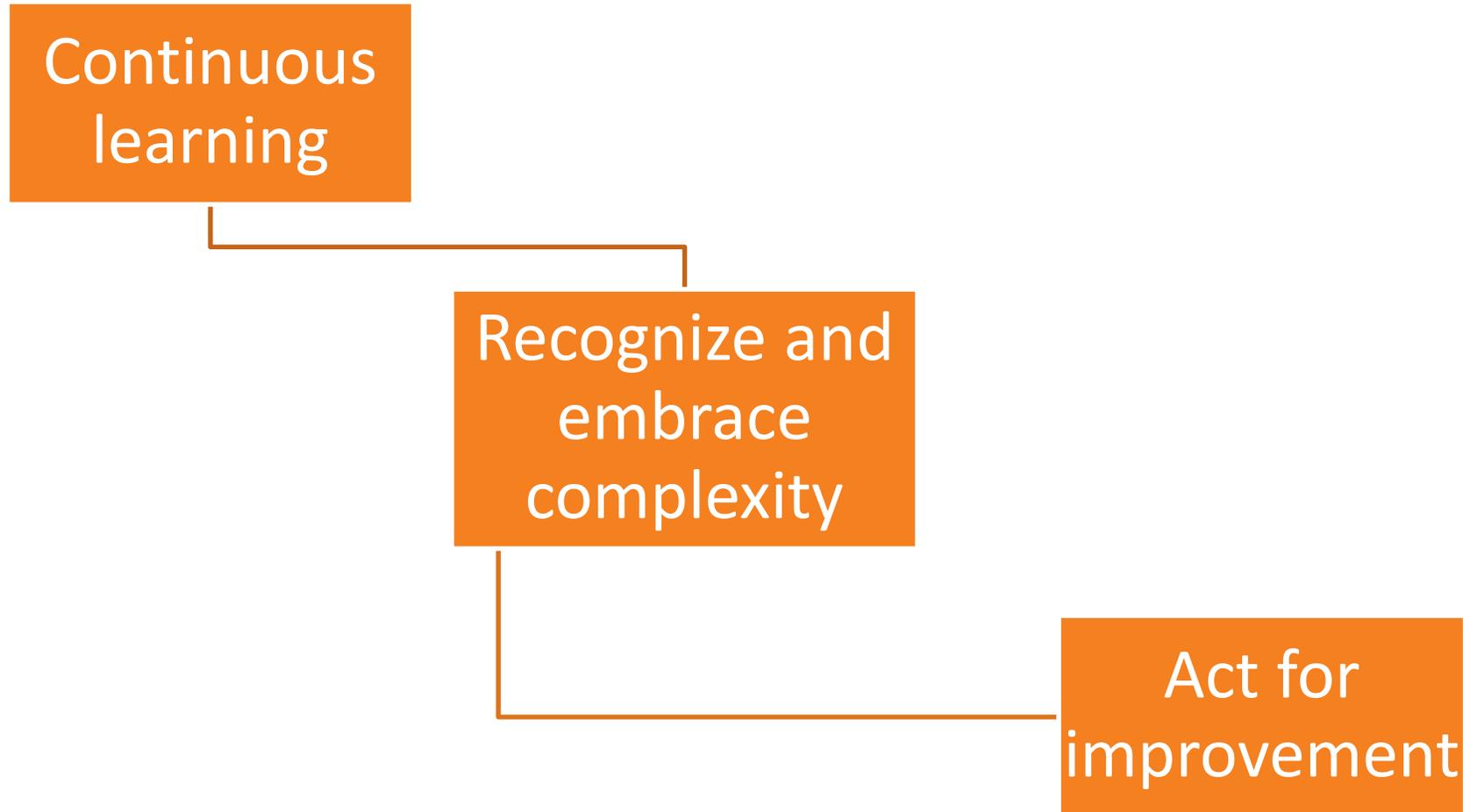
(what healthcare systems need to be)

Rights-Based Healthcare

(what patients, as well as their families and caregivers, need to receive)



What's my role?



Reflection

- What ideas are you leaving today's session with?



Resources

- National Collaborating Centre for Determinants of Health. Let's Talk Intersectionality. <https://nccdh.ca/resources/entry/lets-talk-intersectionality>
- WRHA's Health Equity webpage: <https://wrha.mb.ca/health-equity/>
- Equipe Health Care: <https://equiphealthcare.ca/>