

# Inequities in Arthritis Care in Canada: The Black, Indigenous and Person of Colour (BIPOC) Experience

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## Background:

Individuals that belong to ethnic minority groups are at greater risk for developing different forms of arthritis and often experience poorer health outcomes when compared to white patients<sup>1</sup>. These differences do not occur by chance. Instead, a history of colonization, discrimination and racism have led to systems and structures that reinforce health inequities<sup>2</sup>. As Canada is deemed a pluralistic country, we must find ways to build equity into the foundation of universal health care.

## Objective:

This community-led Survey aimed to identify observable disparities in access to and benefit from health care (HC) services between Black, Indigenous and Person of Colour (BIPOC) and white respondents.

## Methods:

Arthritis Consumer Experts (ACE) conducted a 33-question online Survey in partnership with Research Co., a public polling firm, from Aug 2-19, 2022. The English and French Surveys were distributed via ACE email list, arthritis community network, social media, and Research Co. panels. Respondents living with arthritis answered questions regarding sociodemographic information, access to HC, characteristics of HC providers and information seeking habits. Data were analyzed in subgroups (i.e., BIPOC vs white, women vs men, rural vs non-rural, etc.) and aggregate (including incomplete survey responses). Chi-square tests (exact tests where possible) were used to test for associations.

Figure 1: Sample of respondent quotes

### Indigenous Person:

“ My doctor doesn't include traditional medicines. Just prescribes pills for pain. ”



### Black person:

“ I stopped seeing my rheumatologist because she didn't listen to me and frankly I found her rude. ”



### Indigenous Person:

“ Sometimes as an aging person I feel that my conditions are downplayed because I am old. Corrective surgery is not encouraged or further investigation is not asked for unless I am willing to have surgery.. in a younger person the referrals would be made even if they did not result in surgery. ”



This work was made possible by the survey participants, and they have our deepest respect and gratitude.

## Results:

A total of 1,249 respondents completed the Survey:  
317 (25%) were BIPOC, 932 (75%) were white  
732 (59%) identified as women, 484 (39%) men, 16 (1%) non-binary  
676 (54%) lived in urban areas; 462 (37%) in suburban or rural areas  
1030 (90%) completed the Survey in English, 119 (10%) in French

Compared to white respondents, BIPOC reported greater barriers to accessing care including time (40%), travel (31%), previous unpleasant experiences (21%), language (20%), and competing priorities (19%). When Indigenous Peoples were asked if their healthcare provider included traditional medicines or practices, 51% responded “yes”. A sample of open-ended responses were captured in *Figure 1*.

### BIPOC valued HC providers with characteristics such as:

- Same racial and ethnic background (56% vs 20%)
- Same gender (24% vs 14%)
- Same generation (20% vs 13%)

Overall, interactions with HC providers were rated less favorably by BIPOC respondents. BIPOC respondents were six times as likely to report having experienced ethnicity-based discrimination “often” (13%), when compared to white respondents (2%). Results were even more pronounced for Indigenous Peoples who reported discrimination based on ethnicity (25%), gender (21%), and sexual orientation (15%). BIPOC respondents more often turn to family, friends, coworkers, traditional healers, and elders for health information. Black (55%), Indigenous (54%) and POC (43%) respondents were more likely to find online information to be helpful and all preferred resources recommended by family and friends with culturally sensitive content. In contrast to white respondents (66%), less BIPOC (51%) viewed official public health websites as trustworthy.

**Conclusion:** Our findings suggest that BIPOC respondents face significantly greater barriers when accessing arthritis care, and when they do, benefit less from their interactions. The data reinforce our understanding of environmental barriers and patient preferences that necessitate tailored solutions. At the policy level, greater investments must be made to train HC providers to create culturally safe spaces and meaningfully address patient concerns. Actioning equitable care requires all Canadians to join forces to dismantle the unequitable structures that exists.

## English



## References:

1. Barnabe C, Jones CA, Bernatsky S, et al. Inflammatory Arthritis Prevalence and Health Services Use in the First Nations and Non-First Nations Populations of Alberta, Canada. *Arthritis Care Res (Hoboken)*. 2017;69(4):467-474. doi:10.1002/ACR.22959
2. Carter RT, Lau MY, Johnson V, Kirkinis K. Racial Discrimination and Health Outcomes Among Racial/Ethnic Minorities: A Meta-Analytic Review. *J Multicult Couns Devel*. 2017;45(4):232-259. doi:10.1002/JMCD.12076

## French

