Health Equity in the Digital Age: Enhancing Virtual Hospital-at-Home Care for South Asians in British Columbia

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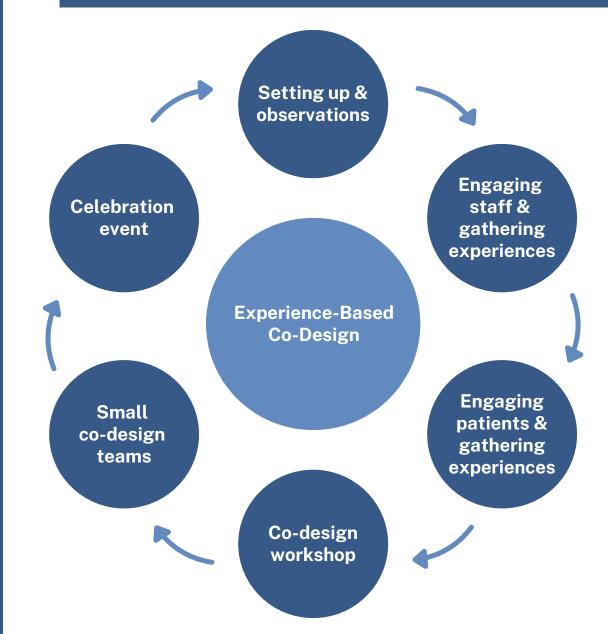
Background

Fraser Health is the largest of five regional health authorities in British Columbia, serving nearly two million people from Burnaby to the Fraser Canyon.¹ Fraser Health's Virtual Health department provides services such as virtual video appointments, phone appointments, and remote patient monitoring.² Within the department, the Research and Evaluation team evaluates current programs and undertakes participatory research projects to design new interventions that meet the needs of Fraser Health's diverse population.

According to the 2021 Census of Canada, one in five Fraser Health residents identify as South Asian.³ South Asians are people with ethnic roots from the Indian subcontinent, including India, Pakistan, Sri Lanka, Nepal, Bangladesh, Maldives, and Bhutan.⁴ Compared to other ethnic groups, South Asians in Canada face a higher prevalence of cardiovascular disease, diabetes, and hypertension.⁴ In 2013, Fraser Health established the South Asian Health Institute (SAHI) to enhance access to culturally relevant care and improve health outcomes.4

With plans to launch a virtual hospital to provide inpatient-level care at home as an alternative to traditional hospitalization, there is a need to further investigate how South Asians experience and engage with virtual programs. The South Asians For Equitable (SAFE) Virtual Health project aims to identify ways virtual hospital services can address gaps in the health care continuum for the South Asian community.

Methods



Experience-Based Co-Design:

- Participatory study methodology developed by the UK's NHS in 2006.5
- Used to gain insight into patient and provider perspectives.
- Facilitates collaboration to bridge gap between patients and providers.

Want to help improve Virtual Health services for South Asians? ✓ Do you identify as South Asian? Do you currently live in the Fraser Health region? If so - we want to hear from you! We are conducting a study to understand the healthcare experiences of South Asian nmunities in the Fraser Health region of British Columbia, cluding: Burnaby, Surrey, Delta, mahabhir.kandola@ Langley, the Tri-Cities, the Fraser Valley, and more.

Recruitment:

• Through PICS, SAHI, and six other community groups

Have been a patient or the hospital in the past year

Interviews:

- 20 1-hour long, semistructured interviews over MS Teams
- Conducted in English, Punjabi, Hindi, Urdu, and Pashto

caregiver to someone in

Inclusion Criteria:

• Identify as South Asian

- **Data Analysis:**
- Auto-transcription Translated by
- interpreter as needed Inductive thematic analysis using open coding in NVivo 14

Objectives

- Identify and describe key barriers and facilitators to accessing virtual health care for Fraser Health's South Asian community to inform virtual hospital design.
- 2. Disseminate ways to improve access to virtual health care services for Fraser Health's South Asian community to stakeholders, project partners, and participants.

Preliminary Findings*

Facilitators



- Preference to stay home when ill
- Availability of language services
- Reduced risk of hospital-acquired infections
- Easier to have loved ones visit when staying at home
- Perception that more undivided attention is received through virtual appointments

Barriers



- Perception that virtual care is of lower quality
- Language barrier
- Fear of receiving less timely care
- Technological literacy
- Privacy concerns when other family members are home
- Canadian Healthcare system access points and services (especially new immigrants)

Suggestions



- Have people share their positive experiences with virtual hospital
- Conduct outreach in places of worship, community centres, libraries, etc.
- Provide medication information in their language of choice
- Create a Fraser Health app to store health information and show wait times and care options

*Includes findings from preliminary coding related to virtual health or virtual hospital only. Facilitators, barriers, and suggestions relating to in-person health services have been omitted for brevity.

References

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Acknowledgements

I respectfully acknowledge that Fraser Health provides care on the traditional, ancestral, and unceded territories of the Coast Salish and Nlaka'pamux Nations, and is home to six Métis **Chartered Communities.**