



# Contextualizing Health Equity Data to Enhance PHC Service Delivery

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## Goals for Today:

- **To highlight how social inequities are embodied in patient-populations in the Primary Health Care (PHC) sector**
- **To illustrate the “face” of inequities in a community sample**
- **To discuss how contextualized data can enhance capacity for equity-oriented PHC services**

## What We Know.....

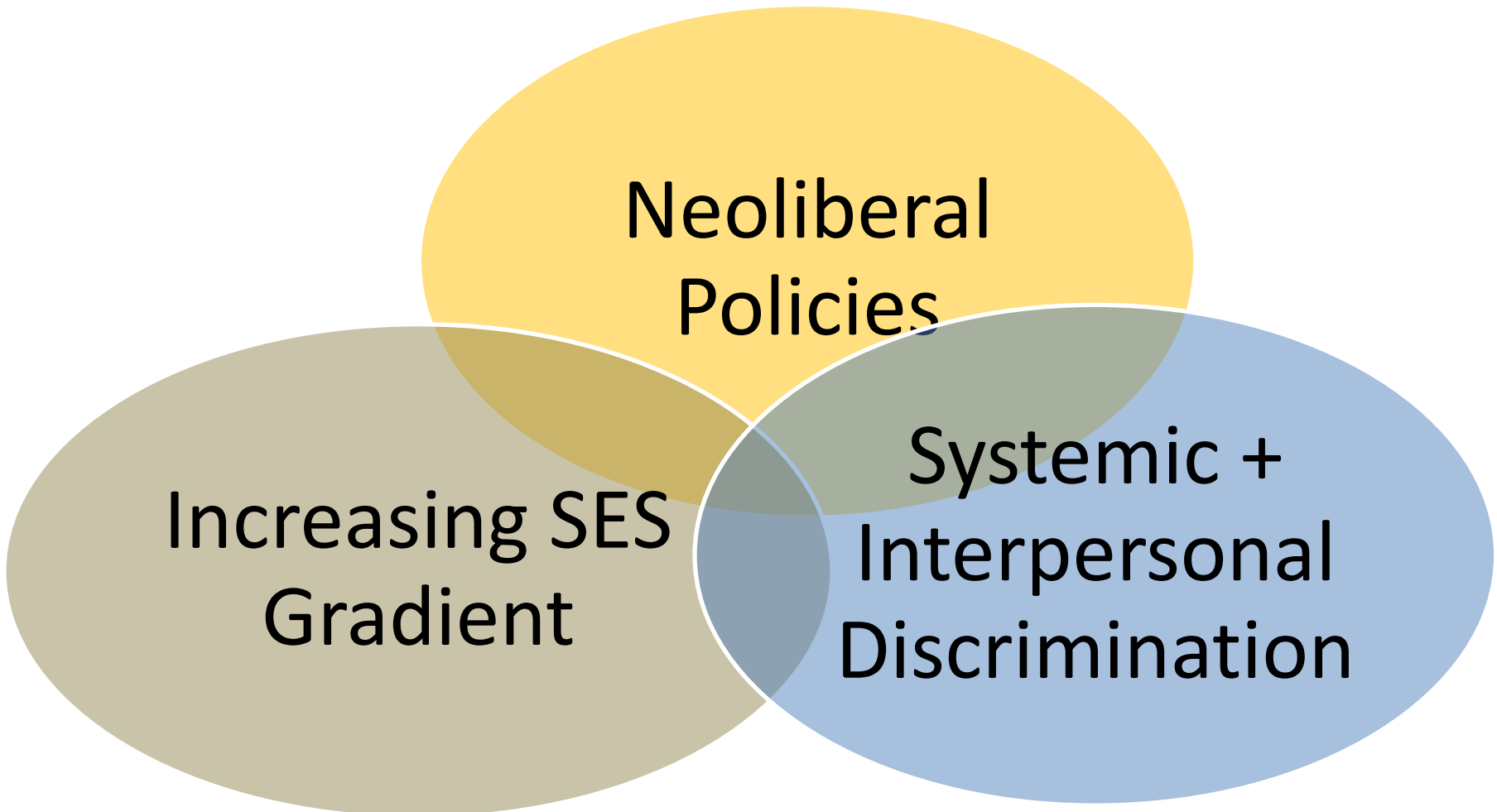
Enhancing PHC services for socially disadvantaged pops:

- ❑ reduced risk and effects of acute and chronic conditions
- ❑ reduced use of emergency services; shorter hospital stays
- ❑ lower overall health care utilization; health system cost saving

## Less is Known about.....

- ❑ **How** to enhance capacity for health equity in busy PHC settings
- ❑ **Feasibility** of organizational-level strategies to foster equity
- ❑ **Structures, policies, processes** to support equity-oriented services

# PHC Context: Responding to Growing Social, Health and Healthcare Inequities



# Health Inequality/Health Inequity

## Inequalities:

- Differences between groups that may or may not be morally concerning

## Inequities:

- Social justice issues
- Unfair social arrangements that are potentially remedial





**Structural violence** is defined as “a host of offensives against human dignity, including extreme and relative poverty, social inequalities ranging from racism to gender inequality, and the more spectacular forms of violence” ([Farmer, 2003, p. 8](#)).

Inequities are structural because they are **embedded in social, political and economic policies and organizations**, and they are violent because they cause harm to people ([Farmer, 2003](#))

## **Health Equity Programmatic Grant:**

# **Equity-Oriented Primary Health Care Interventions for Marginalized Populations: Addressing Structural Inequities and Structural Violence (AKA “EQUIP”)**

**Nominated PI:** Annette J. Browne, Professor, UBC

**Co-PIs:** Marilyn Ford-Gilboe, Professor, Western University

Colleen Varcoe, Professor, UBC

Nadine Wathen, Associate Professor, Western University



**EQUIP Healthcare**

Research to Equip Primary Healthcare for Equity

## Health Sector and University Partnerships



**Western**  
UNIVERSITY • CANADA

**UNBC**

UNIVERSITY OF  
NORTHERN BRITISH COLUMBIA



**University  
of Victoria**



**Public Health  
Agency of Canada**



**Provincial Health  
Services Authority**

Province-wide solutions.  
Better health.



**Prince George**

**Division of Family Practice**

A GPSC initiative



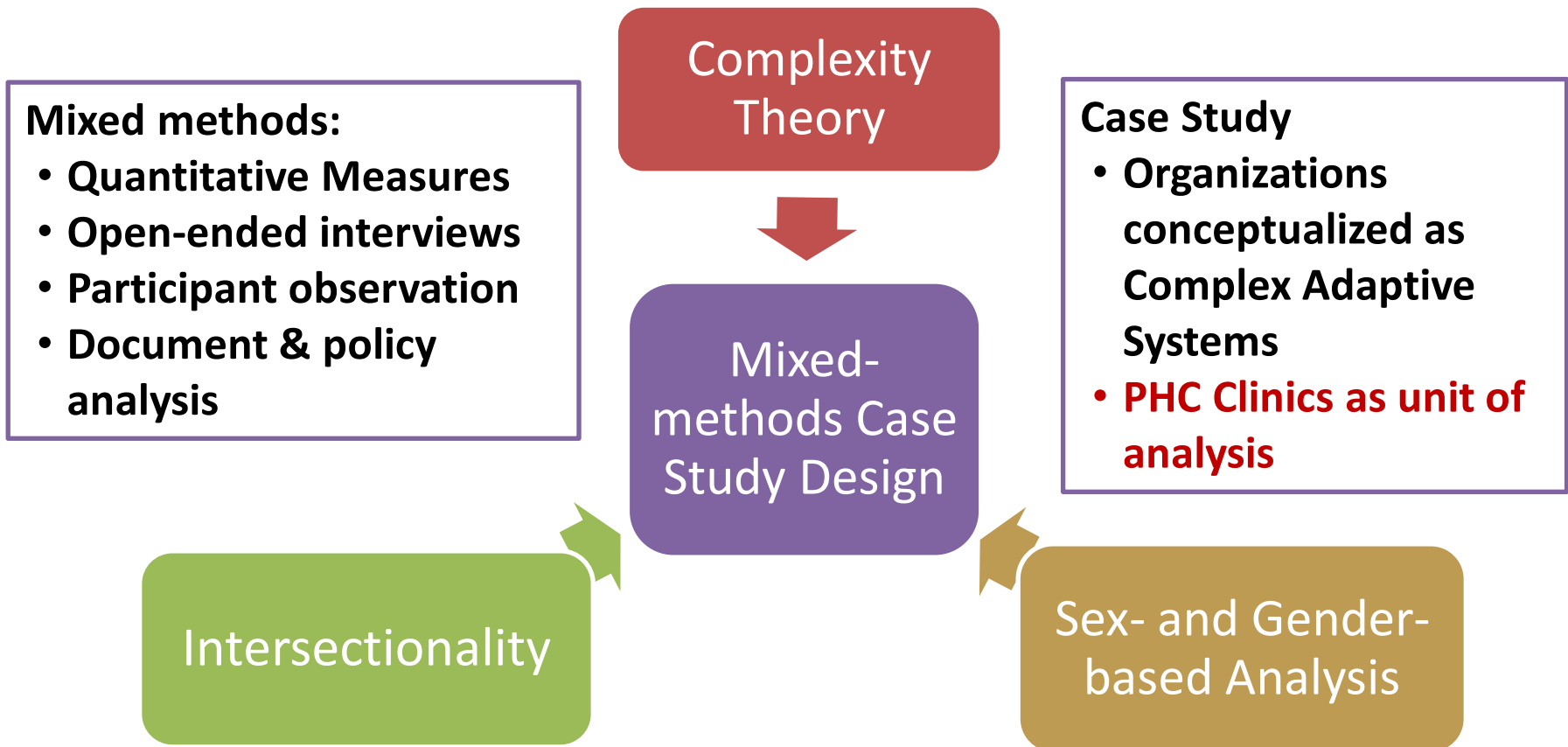
## **Purpose of Our Health Equity Programmatic Research:**

- Test effectiveness of a **multi-component intervention to promote health equity** for marginalized populations
- Identify and operationalize **measures of equity-sensitive PHC** to capture the process and impact of services
- Analyze **policy and funding contexts** that can support uptake (and scale up) of equity-oriented interventions

# Partnered with Four PHC Centres



# Overall Research Design: Case Study, Mixed Methods



# EQUIP Patient Cohort (n=568); Retention Rate (88%)

Site	Wave 1 Spring 2013	Wave 2 Fall 2013	Retention Rate
Site A	134	124	92.5%
Site B	125	118	94.4%
Site C	156	134	85.9%
Site D	153	121	79.1%
<b>TOTAL</b>	<b>568</b>	<b>499</b>	<b>87.9%</b>

# Components of Patient Interview Guide

## Healthcare Use and Experiences:

- Which services used
- Which providers seen most often
- Processes of care
- Perceptions of health care

## Patient 'Activation':

- Confidence in Accessing Services
- Confidence in Managing Health
- Confidence Seeking health care

## Demographics:

- Income & Financial Strain
- Ethno-cultural Identity
- Housing Status
- Parenting

## Health Status: and Q of L:

- Sx of Trauma/Stress Scale (PCL-R)
- Sx of Depression Scale (CESD-R)
- Oral Health
- Chronic Pain Grade (van Korff )
- EUROHIS-QOL (8 item scale)

### Section 3: Your Health and Quality of Life

In this section, I'll be asking about such things as physical activity, social relationships and health status. By health, we mean not only the absence of (or not having) disease or injury but also physical, mental and social well-being.

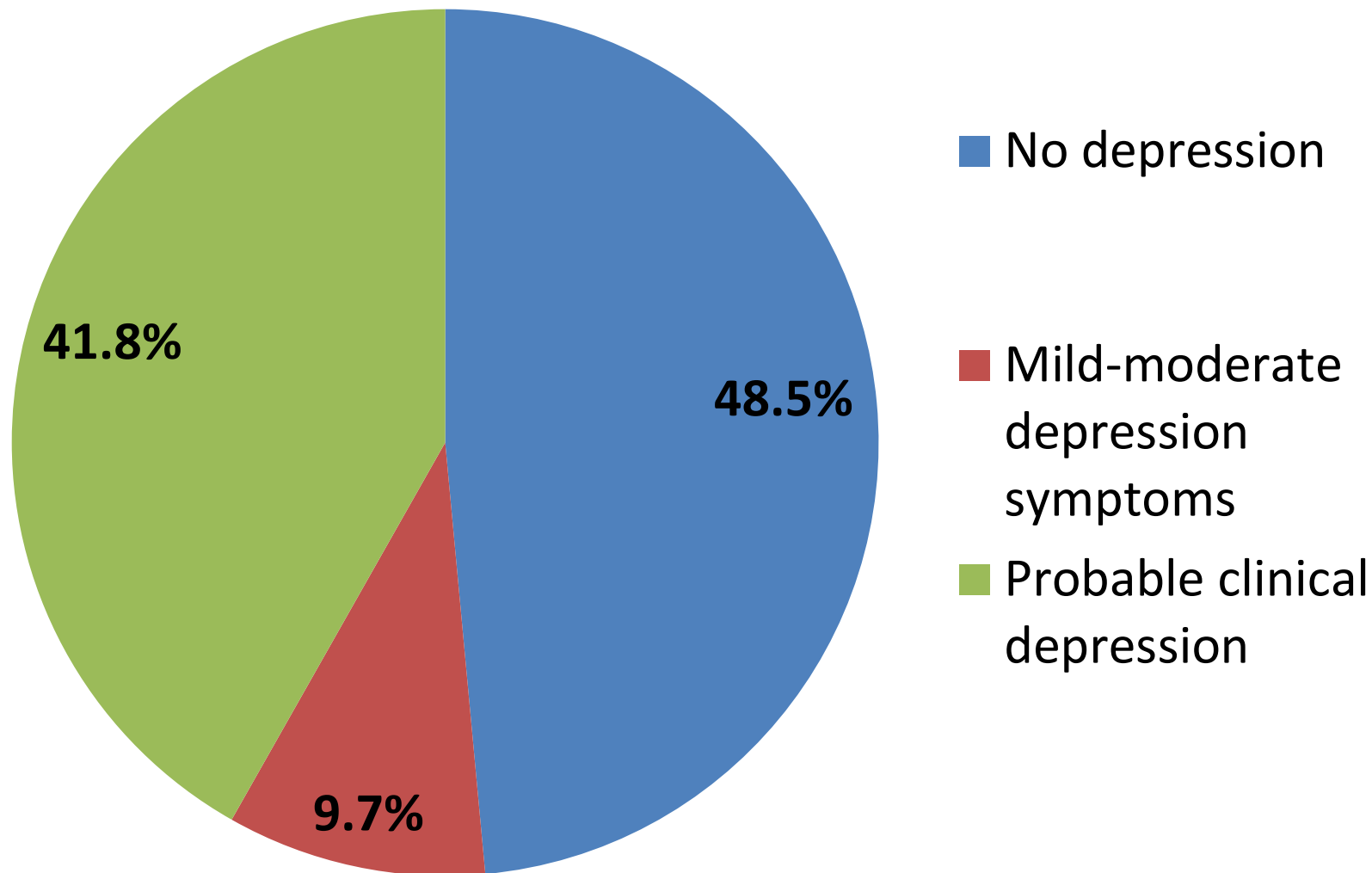
	Excellent	Very Good	Good	Fair	Poor
1. To start, in general, would you say your health is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	much better now	somewhat better now	about the same	somewhat worse now	much worse now
2. <u>Compared to one year ago</u> , how would you say your health is now? Is it:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Excellent	Very Good	Good	Fair	Poor
3. In general, would you say the health of your teeth and mouth is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# **Contextualizing Health Inequities:**

**Examples from the EQUIP Sample (Note:  
selected example provided here, due to  
work and publications in progress)**

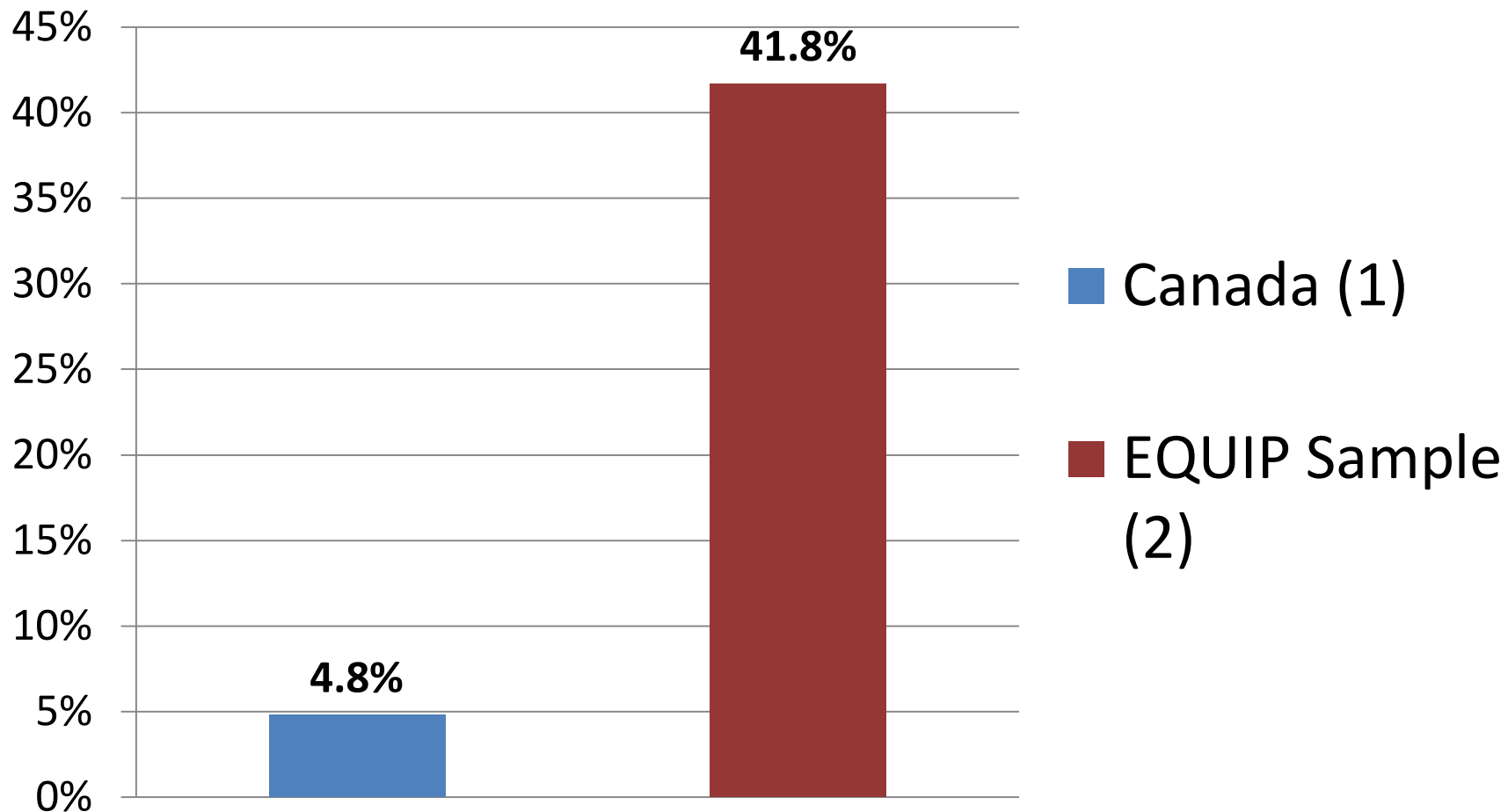
# CESD-R Depression Indicator Classification

EQUIP Sample, n=548; 20 missing



# Depression: Canada and EQUIP Sample

n=548; 20 missing



(1) Based on Canadians aged 15 years or older who had experienced major depressive disorder in the last 12 months. (PHAC, 2013b).

(2) CESD-R Depression Indicator, current symptoms indicate probable clinical depression in participants.



# EQUIP Intervention: Enhancing Equity-Oriented PHC Delivery

## Key Dimensions of Equity-Oriented PHC



## 10 Strategies to Guide Organizations in Enhancing Capacity for Equity-Oriented Services

- Explicit commitment to equity
- Supportive structures, policies, and processes
- Attend to power differentials
- Tailor to context
- Counter oppression
- Promote patient participatory engagement
- Tailor to histories
- Enhance access to social determinants of health
- Optimize use of space and place
- Revision use of time

## Outcomes

### Shorter term:

- increased effectiveness of services;
- increased 'fit' between people's needs and services;
- increased access to resources;
- increased capacity to manage health;
- increased "client activation"

### Longer term:

- Improved Health and Quality of Life
- Reduced Health Inequities at Population Level

# Measuring and Monitoring in Difficult Times....

- Need innovative approaches to measuring and redressing the **intersecting causes and manifestations of health and social inequities**

Questions?

[www.equiphealthcare.ca](http://www.equiphealthcare.ca)

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