

What Are Health Equity Interventions?

A Tool for Health & Social Service Organizations and Providers

A health equity intervention...

- is an intervention that helps to close the equity gap while aligning with the Triple Aim in healthcare: to improve patient experiences, improve health outcomes, and reduce costs^(1,2).
- is a complex intervention. This means the intervention aims to shape the complex systems in which it is implemented^(3,4).
- does not target one component of a system with a naïve expectation to “fix” a problem. This makes it quite different from other types of intervention research.

Complex interventions may be multi-faceted, with more than one component. Complex interventions usually focus on structural and/or process aspects of care or organization. Strategies aim to improve policies and the way care is organized and delivered.

What are the intended outcomes?

Health equity interventions focus attention on:

- Addressing inequitable distribution of the determinants of health.
- Challenging issues of systematic racism and patterns of exclusion.
- Garnering attention from executive leadership to support improving equity.
- Shifting organizational structures such as care redesign to improve equity.
- Tailoring health system performance improvement efforts to meet the needs of people most impacted by health and social inequities.

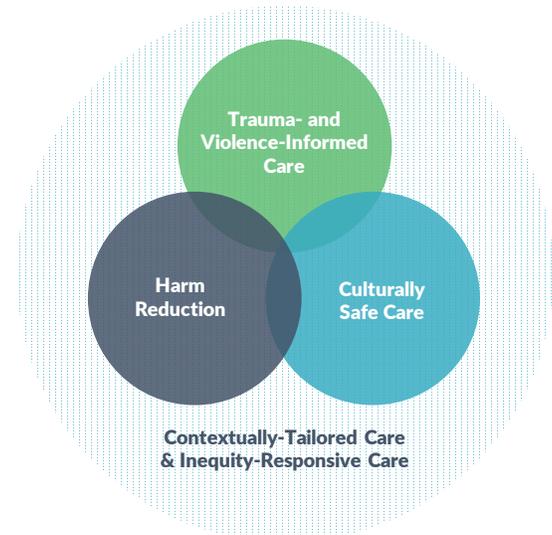
What are examples of health equity interventions?

Health equity interventions are large-scale organizational efforts to promote equity, but they often integrate numerous smaller-scale strategies.

Example #1: EQUIP Primary Health Care⁽⁵⁾

The **EQUIP intervention** is an innovative, multi-component, organizational level intervention designed to enhance the capacity of primary health care clinics to provide equity-oriented care. At the staff level it uses educational models and integration strategies to enhance staff knowledge, confidence, and practices. At the organizational level it uses participatory approaches, practice facilitations, and catalyst grants to foster shifts in organizational structures, practices and policies.

The EQUIP intervention is underpinned by understanding structural violence as continuous with patients’ inter-personal experiences of trauma and violence, and positions cultural safety and harm reduction as essential to addressing both the causes and consequences of health inequities. Inequity responsive care & contextually tailored care operate as the overarching aims and are foundational to supporting health and wellbeing.



This toolkit offers actions you can take to implement equity-oriented care in your primary health care practice. Harm reduction, cultural safety, and trauma and violence informed care (TVIC) are interrelated concepts that can help promote equity.

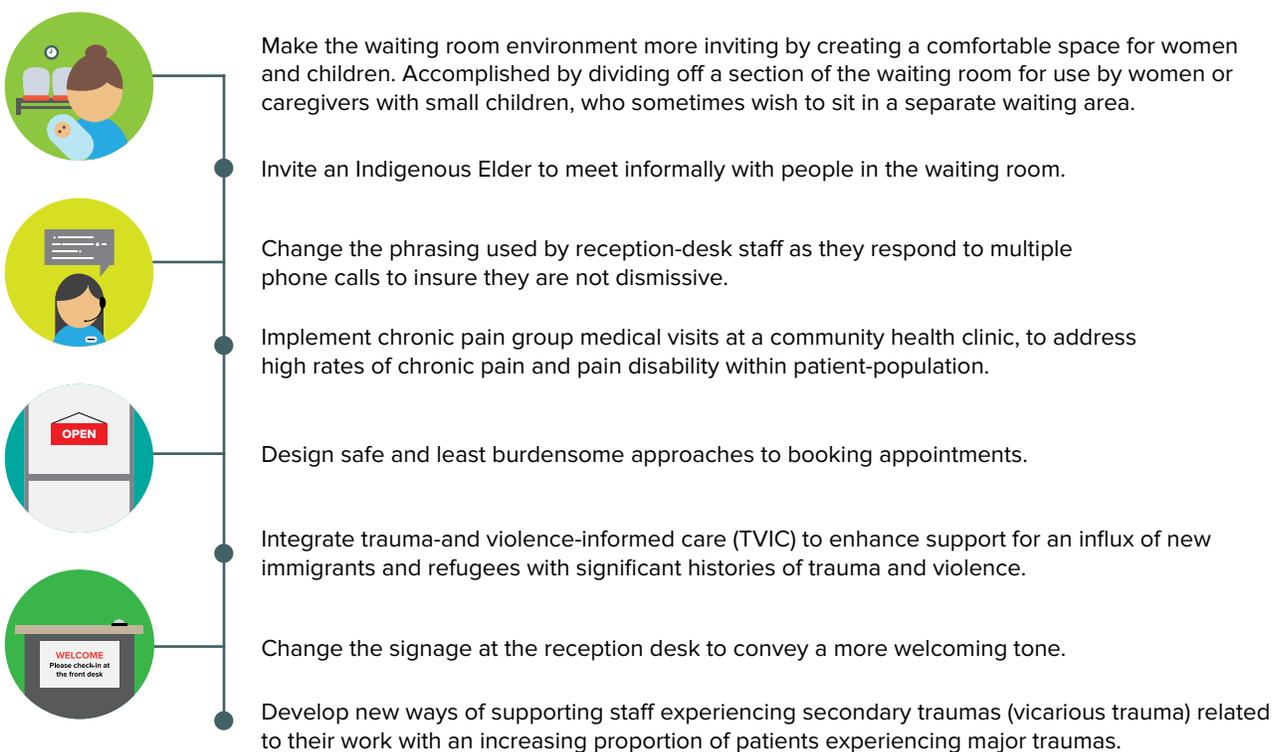
For other tools in the toolkit, see: <https://equiphealthcare.ca/toolkit>

Example #2: Southcentral Foundation Nuka System of Care ⁽⁶⁾

The **Nuka System of Care** consists of organizational strategies and processes, practices, and supporting infrastructure that work together to support wellness, increase health outcomes and decrease cost. It is built upon three beliefs:



Integrating low-cost, high impact equity strategies into large-scale organizational interventions:



References

1. Institute for Healthcare Improvement. IHI triple aim measures. 2015; <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/MeasuresResults.aspx>. Accessed June 26, 2015.
2. Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. Achieving Health Equity: A Guide for Health Care Organizations. IHI White Paper. Cambridge, MA: Institute for Healthcare Improvement; 2016. <http://www.ihl.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx>.
3. Hawe P. Lessons from Complex Interventions to Improve Health. *Annu Rev Public Health*. 2015;36(1):307-323; doi: 10.1146/annurev-publhealth-031912-114421.
4. Hawn P. Minimal, negligible and negligent interventions. *Soc Sci Med*. 2015;138:265-268; doi: 10.1016/j.socscimed.2015.05.025.
5. Browne AJ, Varcoe C, Ford-Gilboe M, Wathen N, on behalf of the EQUIP Research Team. EQUIP Healthcare: An overview of a multi-component intervention to enhance equity-oriented care in primary health care settings. *Int J Equity Health*. 2015;14(152); doi: 10.1186/s12939-015-0271-y.
6. Southcentral Foundation. Nuka System of Care. 2017. <https://scfnuka.com/southcentral-foundations-nuka-system-of-care/>. Accessed January 11, 2017.
7. Allan B, Smylie J. First peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada. Toronto, ON: The Wellesley Institute; 2015. <http://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Report-First-Peoples-Second-Class-Treatment-Final.pdf>.
8. Browne AJ, Varcoe C, Lavoie J, et al. Enhancing health care equity with Indigenous populations: Evidence-based strategies from an ethnographic study. *BMC Health Services Research*. 2016;16(544); doi: 10.1186/s12913-016-1707-9.
9. Browne AJ, Varcoe C, Wong ST, et al. Closing the health equity gap: Evidence-based strategies for primary health care organizations. *Int J Equity Health*. 2012;11(59):1-15; doi: 10.1186/1475-9276-11-59.
10. Institute for Healthcare Improvement. How to improve. 2015; <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>. Accessed June 26, 2015.
11. Wong WF, LaVeist TA, Sharfstein JM. Achieving health equity by design. *JAMA*. 2015;313(14):1417-1418; doi: 10.1001/jama.2015.2434.

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