

Study Title: Equity-Oriented Primary Healthcare Interventions for Marginalized Populations: Addressing Structural Inequities and Structural Violence

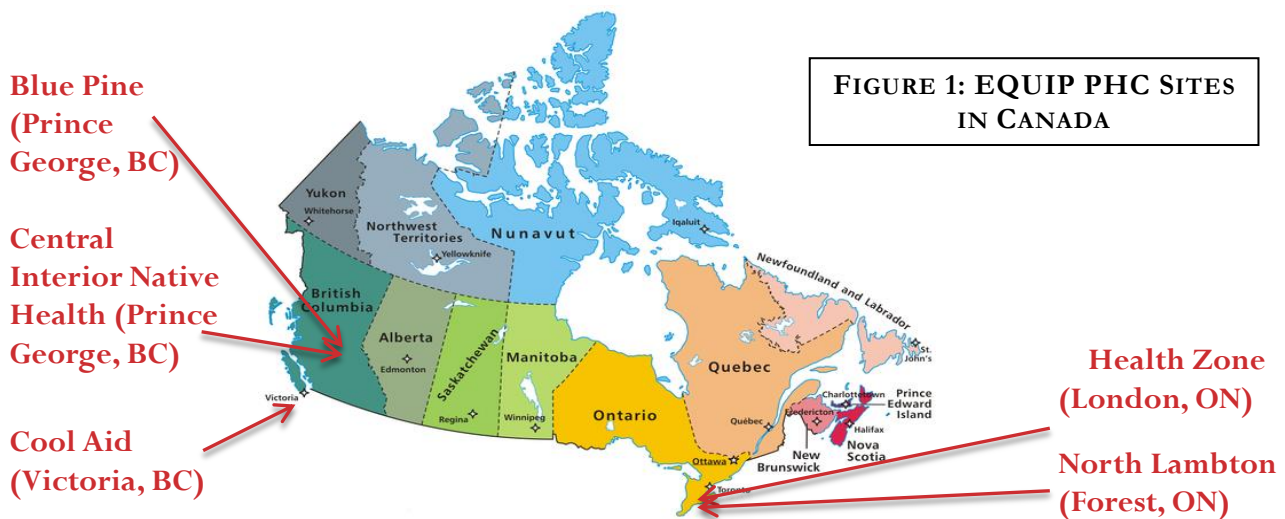


CIHR Funding: Programmatic Grants to Tackle Health and Health Equity

Co-Principal Investigators: Drs. Annette J. Browne (University of British Columbia), Marilyn Ford-Gilboe (Western University), Colleen Varcoe (UBC), Nadine Wathen (Western Univ.)

Knowledge Users, Co-Investigators and Collaborators: Key partnerships are with the Public Health Agency of Canada, the Indigenous Health Program of the BC Provincial Health Services Authority, Indigenous healthcare organizations, primary health care (PHC) agencies in BC and Ontario, and international collaborators in the PHC and Indigenous health services sectors in New Zealand, Australia and the UK.

Primary Health Care Partners: Victoria Cool Aid Community Health Centre, North Lambton Community Health Centre, Health Zone Nurse Practitioner-Led Clinic, Central Interior Native Health Society, Blue Pine Primary Health Care Clinic



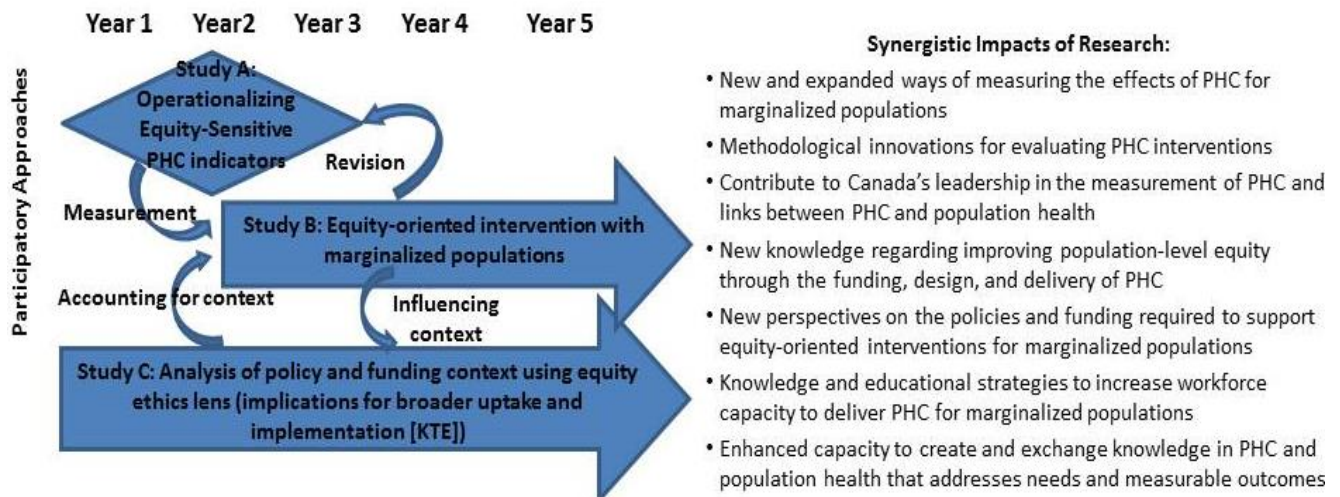
Project Summary

- In Canada and other nations, primary health care (PHC) renewal continues to be identified as a key pathway to achieve health equity, with particular implications for marginalized populations.
- In this research, the term ‘marginalized’ refers to the inequitable social conditions that result in a disproportionate burden of ill health and social suffering among particular groups or individuals, as well as people’s agency, resistance and resilience in the face of these challenges. Research shows that structural inequities and structural violence have profound negative health effects; however, little is known about how to address these issues.
- The **overarching goal** of the EQUIP-PHC research program is to contribute new knowledge about innovative PHC interventions as a means to mitigate the effects of structural inequities and structural violence for marginalized populations, and the policy environments needed to support such programming.

EQUIP comprises three interrelated studies (see Figure 2):

1. **Study A** focuses on the identification, refinement and operationalization of equity-sensitive PHC indicators relevant for marginalized populations.
2. **Study B** focuses on the effectiveness of an innovative, complex, multi-component intervention that explicitly aims to promote health equity for marginalized populations at several diverse PHC agencies using participatory, mixed methods, and multiple case-study design.
3. **Study C** analyzes policy and funding contexts to foster equity-oriented interventions in the PHC context.

FIGURE 2: EQUIP PROGRAM OF RESEARCH



Knowledge translation and exchange strategies are integrated throughout the research program to enhance integration and uptake of new knowledge. For example:

- Studies A and B use methodological innovations to study the effectiveness of equity-oriented PHC interventions, which will a) contribute to Canada’s leadership in the measurement of PHC; and b) provide evidence of what is needed to enhance health equity and quality of life for populations who are most impacted by structural inequities and structural violence, including Indigenous peoples.
- Findings from Study C inform our understanding of the factors that may enable successful implementation of the intervention in new sites outside of the research context, including settings outside of Canada.
- In the long term, this program of research will provide a strong foundation for future research directed at policy and system level interventions to promote health equity for marginalized populations.

Research Design

The EQUIP-PHC Intervention, implemented from March 2013-March 2015, focused on improving the capacity of the participating organizations to provide equity-oriented PHC through:

- (a) innovative approaches to enhancing providers’ knowledge and competence in cultural safety, addressing discrimination and stigma, and providing trauma- and violence- informed services and programs, and
- (b) fostering shifts in organizational policies, structures, and services to impact key patient health outcomes. Based on a view of **PHC organizations as complex adaptive systems**, the EQUIP intervention can be tailored to allow more specific applications in local contexts.

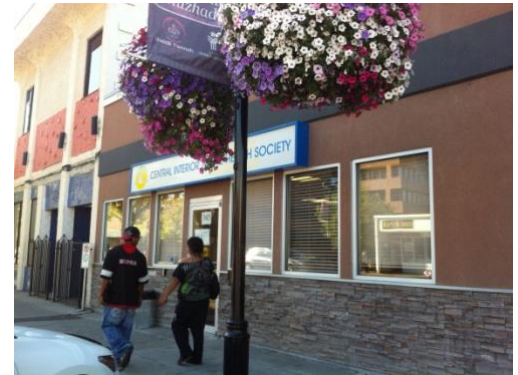
The effectiveness of the EQUIP intervention is being assessed using data from a **cohort of 567 patients and 85 PHC providers**. Quantitative and qualitative assessments of changes over time focus on (i) organizational policies, services, and practices, and (ii) impacts on patients using standardized measures of symptoms of trauma, chronic pain, quality of life, perceived health, self-reported control over health, and trust in providers.

PHC Research Sites

EQUIP-PHC's research activities take place at five primary health care sites (three in British Columbia, two in Ontario) that predominately serve clients who have been marginalized. Our equity-oriented intervention is being delivered at the first four sites listed here, while Blue Pine serves as a comparison site. The sites are located in diverse geographic areas, and have different staffing arrangements, funding mechanisms, client populations and histories.

The research sites include:

Central Interior Native Health Society (CINHS) is a non-profit organization in Prince George, BC that has been operating as an Urban Indigenous Health Centre since 1993. Their mission is to provide comprehensive, quality primary health care to meet the needs of Indigenous and non- Indigenous people living with social disadvantages. Approximately 80% of their 1300 patients self-identify as Indigenous. Other characteristics of the population served include low income, high rates of unstable housing, high rates of trauma histories, and high rates of substance use and HIV/AIDS.



North Lambton Community Health Centre (NLCHC) is a non-profit organization comprised of four clinic sites in and around Sarnia, ON. The Centre is governed by a board of local citizens and funded by the Ministry of Health and Long Term Care. NLCHC's multi-disciplinary team provides primary health care, health promotion and community development services. Populations served include seniors, First Nations people, farming families, low income people, youth at risk, people with moderate mental illness, and families with young children.

Health Zone Nurse Practitioner-Led Clinic is an innovative Nurse Practitioner-Led clinic located in London, ON. Health Zone serves mostly women and children, many of whom are affected by conditions of poverty and social isolation, and who may have histories of violence and trauma. Health Zone's team of inter-disciplinary staff believes in the importance of trauma-informed care, cultural competence, and equity competence in primary health care organizations.



Victoria Cool Aid Community Health Centre provides health services to inner city populations, including those experiencing homelessness and poverty, people with HIV infections, mental health issues, problematic substance use and chronic illnesses. Cool Aid seeks to be a medical home for this population of Victoria, emphasizing low-barrier access to interdisciplinary primary health care services for economically vulnerable clients with complex medical needs and multiple barriers to accessing care.

The Blue Pine Primary Health Care Clinic was created to address the needs of people in Prince George who do not have access to a Family Physician or Nurse Practitioner. The clinic focuses on providing care to people who need more support than a regular family doctor's office is able to offer. The Blue Pine Clinic is ideally positioned to serve as a comparison clinic within the EQUIP study as it provides the organizational conditions, policies and structures that need to be considered to scale up implementation of the EQUIP intervention, and other equity-oriented interventions.

Summary of Data Collected

A) Interviews with Cohort Sample of Patients (at 4 PHC Research Sites):

Data point	Sample size	Retention rate
Wave 1 (Spring 2013)	567	--
Wave 2 (Fall 2013)	499	88%
Wave 3 (Fall 2014)	455	80%
Wave 4 (Spring 2015)	439	77%



B) Staff Survey (at All 5 PHC Sites):

- Explored practice-related knowledge, comfort and confidence related to (i) equity, (ii) cultural safety, stigma and discrimination, and (iii) trauma- and violence-informed care.
- Surveys completed at baseline (n=85); 12 months (n=82); 24 months (n=57)

C) Implementation of the EQUIP Intervention (at 4 PHC Research Sites):

- **Approach 1: Staff Education in 3 parts (completed in 2013)**
 - Part 1: Orientation to Key Dimensions & 10 Strategies of Equity-Oriented PHC (face-to-face discussion, 2 hrs)
 - Part 2: Indigenous Cultural Competency (ICC) and Anti-Racism Modules (online, 8+ hrs)
 - Part 3: Trauma- & Violence-Informed Care (face-to-face workshops, 8 hrs)
- **Approach 2: Organizational Integration and Tailoring to Promote Equity (March 2014-March 2015)**
 - With facilitation and support from our Practice Consultant, PHC sites engaged in a process to identify priorities for enhancing equity-oriented care that are tailored to their local context and clients. During this period, site leads and other staff began implementing organizational changes to address these priorities.
 - Each PHC site received a catalyst grant to facilitate the change process.

D) Interviews with Staff (Fall 2014 through Spring 2015, at All 5 PHC Sites):

- In-depth interviews focused on staff members' experiences of taking part in the EQUIP Intervention, impacts on their individual practices and organizations, as well as organizational policies and structures.

Additional Resources

EQUIP Health Care: Health Equity Toolkit (2020). <https://equiphealthcare.ca/resources/toolkit/>

EQUIP Health Care: Equipping for Equity Modules (2020). <https://equiphealthcare.ca/equipping-for-equity-online-modules/>

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For more information, please visit www.equiphealthcare.ca or contact us at equip.healthcare@ubc.ca or 604-822-3183 (1-844-822-3183 toll-free).