

6

Actively counter racism and discrimination

For example, staff members actively respond to discriminatory comments when they encounter them. Claims of discrimination are also considered seriously, regardless of intention. Practice is free of discrimination and differential treatment based on income level and source of income and health benefits. Practice is free of discrimination based on social location, life histories and health challenges such as substance use, experiencing homelessness, poor hygiene or less-typical appearance or behaviours.



7

Promote community + patient participatory engagement

Patients and community members have an active voice in their care and are encouraged to provide feedback to the organization. Does the organization have deliberate practices to engage patients in planning processes or through a patient committee?



8

Tailor care, programs and services to histories

Some people may be survivors of multiple forms of violence with traumatic effects, while still experiencing current and ongoing interpersonal violence (including racial violence and intimate partner violence), and ongoing structural violence (such as systemic and organizational racism, absolute poverty, etc.). How well is this reflected in the care and services provided? What is the history with First Nations peoples in that area? How well does your organization know the local context? How well is that reflected in the care and services provided?



9

Enhance access to social determinants of health

Some aspects of people’s everyday lives have major impacts on health – for example, access to affordable, safe housing, income level above the poverty line (social assistance/disability incomes are not), and interactions in the social world that are respectful, non-stigmatizing, and non-discriminatory. How well do payment policies and practices respond to economic vulnerabilities and the limitations of public policy plans? How are the determinants of health acknowledged as part of treatment and prevention? How are Electronic Medical Records used to document the social determinants of health?



10

Optimize use of place and space

What messages are reflected in the way the space is designed? Is the space designed to be inclusive of those who typically are marginalized? Would people from priority populations see themselves reflected in the design of the space? Are services located in the neighborhoods where people who are underserved may likely reside? Are transportation issues (including cost) considered?



How to cite this document

EQUIP Health Care. (2020). Rate Your Organization: 10 Strategies to Guide Organizations in Enhancing Capacity for Equity-Oriented Health Care. Vancouver, BC. Retrieved from www.equiphealthcare.ca

Version | February 2020

References

Browne, A. J., Varcoe, C., Ford-Gilboe, M., & Wathen, N., on behalf of the EQUIP Research Team. (2015). EQUIP Healthcare: An overview of a multi-component intervention to enhance equity-oriented care in primary health care settings. *International Journal for Equity in Health*, 14(152). doi:10.1186/s12939-015-0271-y

Browne, A. J., Varcoe, C., et al. (2012). Closing the health equity gap: Evidence-based strategies for primary health care organizations. *International Journal for Equity in Health*, 11(59), doi: 10.1186/1475-9276-11-59

